#### Case 16-31437 Doc 1 Filed 09/30/16 Entered 09/30/16 19:19:16 Desc Main Document Page 1 of 90

| Fill in this information to identify your case: |                               |
|---|-------------------------------|
| United States Bankruptcy Court for the:         |                               |
| Northern District of: Illinois (State)          |                               |
| Case number (if known)                          | Chapter you are filing under: |
|   | Chapter 7 Chapter 11          |
|   | Chapter 12 Chapter 13         |

#### Official Form 101

#### **Voluntary Petition for Individuals Filing for Bankruptcy**

12/15

The bankruptcy forms use *you* and *Debtor 1* to refer to a debtor filing alone. A married couple may file a bankruptcy case together—called a *joint case*—and in joint cases, these forms use *you* to ask for information from both debtors. For example, if a form asks, "Do you own a car, "the answer would be *yes* if either debtor owns a car. When information is needed about the spouses separately, the form uses *Debtor 1* and *Debtor 2* to distinguish between them. In joint cases, one of the spouses must report information as *Debtor 1* and the other as *Debtor 2*. The same person must be *Debtor 1* in all of the forms.

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

| Pa                 | art 1: Identify Yourself  |                            |   |
|--------------------|---|----------------------------|---|
|                    |   | About Debtor 1:            | About Debtor 2 (Spouse Only in a Joint Case): |
| 1.                 | Your full name  | Russell                    | Lageria                                       |
|                    |   | First name                 | First name                                    |
| you<br>pict<br>exa | Write the name that is on   | _ C                        | _ K   |
|                    | your government-issued picture identification (for                  | Middle name                | Middle name                                   |
|                    | example, your driver's  | Smith                      | Jones-Smith                                   |
|                    | license or passport   | Last name                  | Last name                                     |
|                    | Bring your picture identification to your meeting with the trustee. | Suffix (Sr., Jr., II, III) | Suffix (Sr., Jr., II, III)                    |
| 2.                 | All other names you   |                            | Lageria                                       |
|                    | have used in the  | First name                 | First name                                    |
|                    | last 8 years  |                            | К   |
|                    |   | Middle name                | Middle name                                   |
|                    | Include your married or maiden names.                               |                            | Jones   |
|                    | maiden names.   | Last name                  | Last name                                     |
|                    |   | First name                 | First name                                    |
|                    |   | Middle name                | Middle name                                   |
|                    |   | Last name                  | Last name                                     |
| 3.                 | Only the last 4 digits of your                                      | XXX - XX- <u>0497</u>      | XXX - XX- 4987                                |
|                    | Social Security number or federal                                   | OR                         | OR  |
|                    | Individual Taxpayer Identification number (ITIN)                    | 9 xx - xx-                 | 9 xx - xx-                                    |

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| D  | ebtor 1 Russell   | С                             | Smith                                | Case number (if k | (nown)                       |                            |
|----|---|-------------------------------|--------------------------------------|-------------------|------------------------------|----------------------------|
|    | First Name  | Middle Name                   | Last Name                            |                   |                              |                            |
|    |   | About Debtor 1:               |                                      | About Deb         | otor 2 (Spouse Onl           | y in a Joint Case):        |
| 4. | Any business names and Employer                         | ✓ I have not used any busin   | ness names or EINs.                  | ✓ I have no       | ot used any business nar     | nes or EINs.               |
|    | Identification<br>Numbers (EIN) you<br>have used in the | Business name                 |                                      | Business n        | ame                          |                            |
|    | last 8 years  | Business name                 |                                      | Business n        | ame                          |                            |
|    | Include trade names and doing business as names         | EIN                           |                                      | EIN               |                              |                            |
|    |   | EIN                           | •                                    | EIN               |                              |                            |
| 5. | Where you live  |                               |                                      | If Debtor 2       | lives at a different add     | ress:                      |
|    |   | 2640 W Monroe St Unit B       |                                      | 2640 W Monr       | oe St Unit B                 |                            |
|    |   | Number Street                 |                                      | Number            | Street                       |                            |
|    |   |                               |                                      |                   |                              |                            |
|    |   | Older and Illinois            | 00040                                |                   |                              |                            |
|    |   | Chicago Illinois              | 60612                                | Chicago           | Illinois                     | 60612                      |
|    |   | City State                    | Zip Code                             | City              | State                        | Zip Code                   |
|    |   | Cook                          |                                      | Cook              |                              |                            |
|    |   | County                        |                                      | County            |                              |                            |
|    |   | •                             | ifferent from the one above          |                   |                              | (111.14                    |
|    |   | If your mailing address is di | urt will send any notices to you at  |                   |                              | erent from yours, fill it  |
|    |   | this mailing address.         | art will sorid any notices to you at | address.          | that the court will send a   | ny notices to this mailing |
|    |   | <b>o</b>                      |                                      | addi ooo.         |                              |                            |
|    |   | Number Street                 |                                      | Number            | Street                       |                            |
|    |   | Trained Street                |                                      | Number            | Street                       |                            |
|    |   |                               |                                      |                   |                              |                            |
|    |   |                               |                                      |                   |                              |                            |
|    |   | City State                    | Zip Code                             | City              | State                        | Zip Code                   |
| 6. | Why you are   | Check one:                    |                                      | Check one:        |                              |                            |
|    | choosing this district to file for                      | ✓ Over the last 180 days be   | efore filing this petition, I have   | ✓ Over the        | e last 180 days before filir | na this netition. I have   |
|    | bankruptcy  |                               | r than in any other district.        |                   | this district longer than in |                            |
|    | Dankiupicy  |                               | -                                    | _                 | _                            |                            |
|    |   | I have another reason. Ex     | rplain. (See 28 U.S.C. §§ 1408.)     | I have a          | nother reason. Explain. (    | See 28 U.S.C. §§ 1408.)    |
|    |   |                               |                                      |                   |                              |                            |
|    |   |                               |                                      |                   |                              |                            |
|    |   |                               |                                      |                   |                              |                            |
|    |   |                               |                                      |                   |                              |                            |
|    |   |                               |                                      |                   |                              |                            |
|    |   |                               |                                      |                   |                              |                            |
|    |   |                               |                                      |                   |                              |                            |
|    |   |                               |                                      |                   |                              |                            |
|    |   |                               |                                      |                   |                              |                            |
|    |   |                               |                                      |                   |                              |                            |

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| Debtor 1 Russell  | C Middle News  | Smith   |  | Case number (if know   | wn)  |
|---|--|---|--|--|--|
| First Name  | Middle Name  |   |  |  |  |
| Part 2: Tell the Court Abo  | out Your Bankru  | iptcy Case  |  |  |  |
| 7. The chapter of the<br>Bankruptcy Code<br>you are choosing to<br>file under   |  | rief description of each, see <i>Notic</i> the top of page 1 and check the a  |  |  | 2(b) for Individuals Filing for Bankruptcy (Form   |
| 8. How you will pay<br>the fee  | court for mor may pay with on your beha Individuals to I request that By law, a jud less than 150 the fee in ins | re details about how you me cash, cashier's check, or alf, your attorney may pay by the fee in installments. The Pay Your Filing Fee in Installments at my fee be waived (You lige may, but is not require 10% of the official poverty light. | nay pay. To money of with a creek tallments (may required to, waive that apthis option | ypically, if you rder If your a dit card or checoose this option Official Form 1 est this option e your fee, and oplies to your fan, you must fill | only if you are filing for Chapter 7. If may do so only if your income is amily size and you are unable to pay out the Application to Have the |
| 9. Have you filed for bankruptcy within the last 8 years?   | No.  Yes. District  District  District   | Northern District of Illinois  Northern District of Illinois  Northern District of Illinois   | When When When   | 4/13/2010<br>MM / DD / YYYY<br>3/11/2013<br>MM / DD / YYYY<br>4/13/2010<br>MM / DD / YYYY  | Case number 13-09513  Case number 10-bk-16192  |
| 10. Are any bankruptcy cases pending or being filed by a spouse who is not filing this case with you, or by a business partner, or by an affiliate? | Yes. Debtor District Debtor District   |   | When When  | MM / DD / YYYY  MM / DD / YYYY   | Relationship to you  Case number, if known  Relationship to you  Case number, if known   |
| 11. Do you rent your residence?   | ✓ No.  | landlord obtained an eviction judge<br>Go to line 12.  Fill out <i>Initial Statement About an</i><br>this bankruptcy petition.  |  |  |  |

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| Debtor 1 Russell   |  | C                  | dla Nama   | Smith  | Case number (if  | f known)     |  |
|--|--|--------------------|--|--|--|--------------|--|
|  | D  |                    |  |  |  |              |  |
| First Name   | ny Bus   | Middesse No.       | Go to Part 4.  Name and location of business, if an Number  City | Last Name  Sole Proprieto  Dusiness  |  | Zip Code     |  |
| If you have more than one sole proprietorship, use a separate sheet and attach it to this petition.                              |  |                    | Single Asset Re Stockbroker (as                                  | usiness (as defined<br>eal Estate (as defi<br>s defined in 11 U.S<br>oker (as defined in | d in 11 U.S.C. § 101(27A))<br>ined in 11 U.S.C. § 101(51 |              |  |
| 13. Are you filing under<br>Chapter 11 of the<br>Bankruptcy Code<br>and are you a small<br>business debtor?                      | deadlines. If you indicate that you are a small business debtor, you must attach your most recent balance sheet, statement of operations, cash-flow statement, and federal income tax return or if any of these documents do not exist, follow the procedure a small U.S.C. § 11 16(1)(B). |                    |  |  | nce sheet, statement of                                  |              |  |
| For a definition of small business debtor, see 11 U.S.C. § 101(51D).   |  | No.<br>No.<br>Yes. | Bankruptcy Code.   | ter 11, but I am No  | OT a small business debto                                |              | definition in the on in the Bankruptcy Code. |
| Part 4: Report if You O  | wn or  | Have A             | Any Hazardous Pro  | operty or Any  | Property That Need                                       | ds Immediate | Attention                                    |
| 14. Do you own or have<br>any property that<br>poses or is alleged<br>to pose a threat of<br>imminent and<br>identifiable hazard | ; ✓<br>□   |                    | What is the hazard?  If immediate attention is                   | needed, why is it r  | needed?  |              |  |
| to public health or safety? Or do you own any property that needs immediate attention?   |  |                    | Where is the property?   | Number   | Street   |              |  |
| For example, do you own perishable goods or livestock that must be fed, or a building that needs urgent repairs?                 |  |                    |  | City   | State  | 9            | Zip Code                                     |

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| -        |         |   |       |                        |  |
|----------|---------|---|-------|------------------------|--|
| Debtor 1 | Russell | С | Smith | Case number (if known) |  |

#### First Name Middle Name Last Name

#### Part 5: Explain Your Efforts to Receive a Briefing About Credit Counseling **About Debtor 1:** About Debtor 2 (Spouse Only in a Joint Case): You must check one: You must check one: 15. Tell the court whether you have I received a briefing from an approved credit ✓ I received a briefing from an approved credit received briefing counseling agency within the 180 days before I filed counseling agency within the 180 days before I filed about credit this bankruptcy petition, and I received a certificate of this bankruptcy petition, and I received a certificate of counseling. completion. completion. Attach a copy of the certificate and the payment plan, if any, Attach a copy of the certificate and the payment plan, if any, The law requires that that you developed with the agency. that you developed with the agency. you receive a briefing about credit I received a briefing from an approved credit I received a briefing from an approved credit counseling agency within the 180 days before I filed counseling agency within the 180 days before I filed counseling before this bankruptcy petition, but I do not have a this bankruptcy petition, but I do not have a you file for certificate of completion. certificate of completion. bankruptcy. You must truthfully check Within 14 days after you file this bankruptcy petition, Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment one of the following you MUST file a copy of the certificate and payment plan, if any. plan, if any. choices. If you cannot do so, you are I certify that I asked for credit counseling services I certify that I asked for credit counseling services not eligible to file. from an approved agency, but was unable to obtain from an approved agency, but was unable to obtain those services during the 7 days after I made my those services during the 7 days after I made my If you file anyway, request, and exigent circumstances merit a 30-day request, and exigent circumstances merit a 30-day temporary waiver of the requirement. temporary waiver of the requirement. the court can dismiss your case, you will To ask for a 30-day temporary waiver of the requirement, To ask for a 30-day temporary waiver of the requirement, lose whatever filing attach a separate sheet explaining what efforts you made to attach a separate sheet explaining what efforts you made to fee you paid, and obtain the briefing, why you were unable to obtain it before obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances you filed for bankruptcy, and what exigent circumstances your creditors can required you to file this case. required you to file this case. begin collection activities again. Your case may be dismissed if the court is dissatisfied with Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for your reasons for not receiving a briefing before you filed for bankruptcy. bankruptcy. If the court is satisfied with your reasons, you must still If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, the payment plan you developed, if any. If you do not do so, your case may be dismissed. your case may be dismissed. Any extension of the 30-day deadline is granted only for Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days. cause and is limited to a maximum of 15 days. I am not required to receive a briefing about credit I am not required to receive a briefing about credit counseling because of: counseling because of: Incapacity. I have a mental illness or a mental Incapacity. I have a mental illness or a mental deficiency that makes me incapable of deficiency that makes me incapable of realizing or making rational decisions realizing or making rational decisions about finances. Disability. My physical disability causes me to be Disability. My physical disability causes me to be unable to participate in a briefing in unable to participate in a briefing in person, by phone, or through the person, by phone, or through the internet, even after I reasonably tried internet, even after I reasonably tried to do so. to do so. Active duty. Active duty. I am currently on active military duty in I am currently on active military duty in a military combat zone. a military combat zone. If you believe you are not required to receive a briefing If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of about credit counseling, you must file a motion for waiver of credit counseling with the court. credit counseling with the court.

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| Debtor 1 Russell  |   | Smith Case number (if know  | vn)  |
|---|---|---|--|
| Part 6: Answer These Qu   | Middle Name  uestions for Reporting Purpor  | Last Name   |  |
| 16. What kind of debts do you have?   | 16a. Are your debts primaril 101(8) as "incurred by ar  No. Go to line 16b.  Yes. Go to line 17.  16b. Are your debts primaril obtain money for a busin investment.  No. Go to line 16c.  Yes. Go to line 17.                             | y consumer debts? Consumer debts in individual primarily for a personal, far y business debts? Business debts are ess or investment or through the operation out owe that are not consumer debts of   | amily, or household purpose."  are debts that you incurred to ration of the business or  |
| 17. Are you filing under Chapter 7? Do you estimate that after any exempt property is excluded and administrative expenses are paid that funds will be available for distribution to unsecured creditors? | paid that funds will be availa  No.  Yes.   | er 7. Go to line 18.  Do you estimate that after any exempt property i able to distribute to unsecured creditors?   | s excluded and administrative expenses are   |
| 18. How many creditors do you estimate that you owe?  | ✓ 1-49<br>☐ 50-99<br>☐ 100-199<br>☐ 200-999   | 1,000-5,000<br>5,001-10,000<br>10,001-25,000  | 25,001-50,000<br>50,001-100,000<br>More than 100,000   |
| 19. How much do you estimate your assets to be worth?   | \$0-\$50,000<br>\$50,001-\$100,000<br>\$100,001-\$500,000<br>\$500,001-\$1 million  | \$1,000,001-\$10 million \$10,000,001-\$50 million \$50,000,001-\$100 million \$100,000,001-\$500 million   | \$500,000,001-\$1 billion \$1,000,000,001-\$10 billion \$10,000,000,001-\$50 billion More than \$50 billion  |
| 20. How much do you estimate your liabilities to be?  | \$0-\$50,000<br>\$50,001-\$100,000<br>\$100,001-\$500,000<br>\$500,001-\$1 million  | \$1,000,001-\$10 million \$10,000,001-\$50 million \$50,000,001-\$100 million \$100,000,001-\$500 million   | \$500,000,001-\$1 billion \$1,000,000,001-\$10 billion \$10,000,000,001-\$50 billion More than \$50 billion  |
| Part 7: Sign Below  |   |   |  |
| For you   | and correct.  If I have chosen to file under (11,12, or 13 of title 11, United choose to proceed under Chap If no attorney represents me ame fill out this document, I have I request relief in accordance I understand making a false st | and I did not pay or agree to pay some ve obtained and read the notice requivation with the chapter of title 11, United Statement, concealing property, or obtaicase can result in fines up to \$250,00 52, 1341, 1519, and 3571.    Solution   Sol | ceed, if eligible, under Chapter 7, available under each chapter, and I eone who is not an attorney to help red by 11 U.S.C. § 342(b). Ites Code, specified in this petition. An aining money or property by fraud in 10, or imprisonment for up to 20 ria Jones-Smith of Debtor 2 |

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| Debtor 1                                 | Russell   | С  | Smith  | Case number   | (if known)   |
|--|---|--|--|---|--|
|  | First Name  | Middle Name  | Last Name  |   |  |
| you are<br>by one<br>If you a<br>represe | er attorney, if<br>represented<br>are not<br>ented by an<br>y, you do not | eligibility to proceed ur<br>the relief available und<br>to the debtor(s) the no | nder Chapter 7, 11, 12<br>der each chapter for v<br>tice required by 11 U. | 2, or 13 of title 11, U<br>which the person is 6<br>S.C. § 342(b) and, in | that I have informed the debtor(s) about United States Code, and have explained eligible. I also certify that I have delivered in a case in which § 707(b)(4)(D) applies, nation in the schedules filed with the |
|  | file this page.   | /s/ Ryan Crotty Signature of Attorney  | for Debtor   | Date  | 9/30/2016<br>MM / DD / YYYY  |
|  |   | Ryan P Crotty Printed name  Semrad Law Firm Firm name                            |  |   |  |
|  |   | 20 S. Clark Street<br>Street<br>28th Floor                                       |  |   |  |
|  |   | Chicago<br>City  |  | Illinois<br>State   | 60603<br>Zip Code  |
|  |   | Contact phone  | 3128374032   | Email address   | rcrotty@semradlaw.com  |
|  |   | 6312602<br>Bar number  |  | Illino<br>Stat  |  |

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| Debtor 1 Russell                        | С                      | Smith                   | Case number (if known)                 |  |
|---|------------------------|-------------------------|--|--|
| First Name                              | Middle Name            | Last Name               |  |  |
| Additional Page                         |                        |                         |  |  |
| 9. Have you filed for bankruptcy within | ☐ No.                  |                         |  |  |
| the last 8 years?                       | ✓ Yes. District Northe | rn District of Illinois | When 3/11/2013 Case number 13-bk-09513 |  |
|   |                        |                         | MM / DD / YYYY                         |  |

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| Fill in this information to identify your case: |                          |             |                              |  |  |
|---|--------------------------|-------------|------------------------------|--|--|
| Debtor 1  | Russell                  | С           | Smith                        |  |  |
|   | First Name               | Middle Name | Last Name                    |  |  |
| Debtor 2  | Lageria                  | K           | Jones-Smith                  |  |  |
| (Spouse, if filing                              | ) First Name             | Middle Name | Last Name                    |  |  |
| United States B                                 | ankruptcy Court for the: | Northern    | District of Illinois (State) |  |  |
| Case number<br>(If known)                       |                          |             | (class)                      |  |  |

| Check if this is ar |
|---------------------|
| amended filing      |

12/15

#### Official Form 106Sum

#### Summary of Your Assets and Liabilities and Certain Statistical Information

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Fill out all of your schedules first; then complete the information on this form. If you are filing amended schedules after you file your original forms, you must fill out a new Summary and check the box at the top of this page.

| Part 1: Summarize Your Assets  |   |
|--|---|
|  | <b>Your assets</b><br>Value of what you own |
| 1. Schedule A/B: Property (Official Form 106A/B)  1a. Copy line 55, Total real estate, from Schedule A/B   | \$0.00                                      |
| 1b. Copy line 62, Total personal property, from Schedule A/B   | \$10,126.00                                 |
| 1c. Copy line 63, Total of all property on Schedule A/B  | \$10,126.00                                 |
| Part 2: Summarize Your Liabilities   |   |
|  | Your liabilities<br>Amount you owe          |
| <ol> <li>Schedule D: Creditors Who Have Claims Secured by Property (Official Form 106D)</li> <li>Copy the total you listed in Column A, Amount of claim, at the bottom of the last page of Part 1 of Schedule D</li> </ol> | \$16,070.00                                 |
| 3. Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 106E/F)  3a. Copy the total claims from Part 1 (priority unsecured claims) from line 6e of Schedule E/F  | \$2,749.80                                  |
| 3b. Copy the total claims from Part 2 (nonpriority unsecured claims) from line 6j of Schedule E/F  | \$42,107.00                                 |
| Your total liabilities   | \$60,926.80                                 |
| Part 3: Summarize Your Income and Expenses   |   |
| 4. Schedule I: Your Income (Official Form 106I)  Copy your combined monthly income from line 12 of Schedule I  | \$3,746.04                                  |
| Schedule J: Your Expenses (Official Form 106J)  Copy your monthly expenses from line 22, Column A, of Schedule J   | \$3,226.00                                  |
|  |   |

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| Del         | otor 1   | Russell  | С                             | Smith                         | Case number (if known)  |            |  |  |  |
|-------------|--|--|-------------------------------|-------------------------------|---|------------|--|--|--|
|             |  | First Name   | Middle Name                   | Last Name                     | No consta   |            |  |  |  |
| Par         | t 4:   | Answer These Questions   | tor Administra                | ative and Statistical R       | Records   |            |  |  |  |
| 6. <b>A</b> | Are yo   | ou filing for bankruptcy under C   | Chapters 7, 11, or            | 13?                           |   |            |  |  |  |
|             | □ N  | lo. You have nothing to report on t  | his part of the form.         | Check this box and submit the | his form to the court with your other schedules.                        |            |  |  |  |
|             | ✓ Y  | es.  |                               |                               |   |            |  |  |  |
| 7. <b>V</b> | Vhat I   | kind of debt do you have?  |                               |                               |   |            |  |  |  |
|             |  | our debts are primarily consunamily, or household purpose. 11 U.                     |                               |                               | by an individual primarily for a personal,<br>urposes. 28 U.S.C. § 159. |            |  |  |  |
|             |  | Your debts are not primarily cornis form to the court with your othe                 |                               | nave nothing to report on thi | is part of the form. Check this box and submit                          |            |  |  |  |
| 8.          |  | n the <i>Statement of Your Currel</i><br>1 122A-1 Line 11; <b>OR</b> , Form 122B     | •                             |                               | onthly income from Official   | \$4,964.82 |  |  |  |
| 9.          | Cop  | Copy the following special categories of claims from Part 4, line 6 of Schedule E/F: |                               |                               |   |            |  |  |  |
|             | Fro  | m Part 4 on Schedule E/F, copy   | y the following:              |                               | Total claim   |            |  |  |  |
|             | 9a.  | Domestic support obligations (Co   | ppy line 6a.)                 |                               | \$0.00  |            |  |  |  |
|             | 9b. <sup>-</sup>   | Taxes and certain other debts you  | owe the governmen             | nt. (Copy line 6b.)           | \$2,749.80  |            |  |  |  |
|             | 9c. (  | Claims for death or personal injury  | y while you were int          | oxicated. (Copy line 6c.)     | \$0.00  |            |  |  |  |
|             | 9d.  | Student loans. (Copy line 6f.)   |                               |                               | \$0.00  |            |  |  |  |
|             | 9e. Obligations arising out of a separation agreement or o |  | divorce that you did not repo | ort as \$0.00                 |   |            |  |  |  |
|             | prio   | rity claims. (Copy line 6g.)   |                               |                               |   |            |  |  |  |
|             | 9f. [  | Debts to pension or profit-sharing   | plans, and other sir          | milar debts. (Copy line 6h.)  | \$0.00  |            |  |  |  |
|             | 9g.  | <b>Total.</b> Add lines 9a through 9f.   |                               |                               | \$2,749.80  |            |  |  |  |

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| Fill in this information to identify your case: |                          |             |                      |   |  |  |  |
|---|--------------------------|-------------|----------------------|---|--|--|--|
| Debtor 1  | Russell                  | С           | Smith                |   |  |  |  |
|   | First Name               | Middle Name | Last Name            |   |  |  |  |
| Debtor 2  | Lageria                  | K           | Jones-Smith          |   |  |  |  |
| (Spouse, if filing                              | First Name               | Middle Name | Last Name            | - |  |  |  |
| United States Ba                                | ankruptcy Court for the: | Northern    | District of Illinois | - |  |  |  |
| Case number (If known)                          |                          |             | (State)              | - |  |  |  |

#### Official Form 106A/B

#### Schedule A/B: Property

| Check ii this is an |  |
|---------------------|--|
| amended filing      |  |

12/15

In each category, separately list and describe items. List an asset only once. If an asset fits in more than one category, list the asset in the category where you think it fits best. Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

| Оо уо         |   | g, Land, or Other Real Estate You Own o<br>t in any residence, building, land, or similar proper   |   |
|---------------|---|--|---|
|               | Yes. Where is the property?   |  |   |
| 1.1           | Street address, if available, or other description  | What is the property? Check all that apply.  Single-family home  Duplex or multi-unit building  Condominium or cooperative  Manufactured or mobile home  | Do not deduct secured claims or exemptions. Put the amount of any secured claims on Schedule D: Creditors Who Have Claims Secured by Property  Current value of the entire property?  Current value of the portion you own? |
|               | Number Street  City State Zip Code  | Land Investment property Timeshare Other   | Describe the nature of your ownership interest (such as fee simple, tenancy by the entireties, or a life estate), if known.   |
|               |   | Who has an interest in the property? Check one. Debtor 1 only Debtor 2 only  | Check if this is community property (see instructions)  |
|               |   | Debtor 1 and Debtor 2 only  At least one of the debtors and another  Other information you wish to add about this property identification number:  | item, such as local   |
| If you<br>1.2 | own or have more than one, list here:  Street address, if available, or other description | Other information you wish to add about this property identification number:  What is the property? Check all that apply.  Single-family home  | Do not deduct secured claims or exemptions. Put the amount of any secured claims on Schedule D: Creditors Who Have Claims Secured by Property   |
|               |   | At least one of the debtors and another  Other information you wish to add about this property identification number:  What is the property? Check all that apply.  Single-family home  Duplex or multi-unit building  Condominium or cooperative  Manufactured or mobile home | Do not deduct secured claims or exemptions. Put the amount of any secured claims on <i>Schedule D:</i>  |
|               |   | Other information you wish to add about this property identification number:  What is the property? Check all that apply.  Single-family home Duplex or multi-unit building Condominium or cooperative   | Do not deduct secured claims or exemptions. Put the amount of any secured claims on <i>Schedule D:</i> Creditors Who Have Claims Secured by Property  Current value of the Current value of the                             |

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| Debtor 1                       | Russell<br>First Name  | C<br>Middle Name                                      | Smith<br>Last Name  | _ Case number | r (if known)  |   |
|--------------------------------|--|---|---|---------------|---|---|
| 1.3<br>Stre                    | et address, if available, or ot                                |   | What is the property? Check all that a Single-family home Duplex or multi-unit building Condominium or cooperative Manufactured or mobile home                              | pply.         | Do not deduct secured of the amount of any secure Creditors Who Have Classification Current value of the entire property? | · · · · · · · · · · · · · · · · · · ·                                       |
| Nun<br>City                    |  | Zip Code  | Land Investment property Timeshare Other  | -             | Describe the nature of interest (such as fee si the entireties, or a life   | mple, tenancy by  |
|                                |  | ]<br>]<br>[   | Who has an interest in the property?  Debtor 1 only  Debtor 2 only  Debtor 1 and Debtor 2 only  At least one of the debtors and anoth Other information you wish to add all | er            | Check if this is con (see instructions)   | mmunity property  |
|                                |  | tion you own for a                                    | property identification number:<br>all of your entries from Part 1, includ  |               |   |   |
| <b>Do you ov</b><br>you own th | at someone else drives. If young, trucks, tractors, sport util | <b>equitable interest</b> i<br>u lease a vehicle, als | in any vehicles, whether they are region report it on Schedule G: Executory Coycles   |               |   |   |
|                                | Make<br>Model:<br>Year:  | Chevrolet MALIBU 2010                                 | Who has an interest in the proper one.  Debtor 1 only   | erty? Check   | the amount of any secure  | laims or exemptions. Put ed claims on Schedule D: nims Secured by Property. |
|                                | Approximate mileage: Other information: 2010 Chevrolet MALIBU  | 100000  | Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and a Check if this is community prinstructions)   |               | Current value of the entire property? \$5675.00   | Current value of the portion you own?<br>\$5675.00                          |
| 3.2                            | Make<br>Model:<br>Year:  |   | Who has an interest in the proper one.  Debtor 1 only   | erty? Check   | the amount of any secure  | laims or exemptions. Put ed claims on Schedule D: nims Secured by Property. |
|                                | Approximate mileage:  Other information:                       |   | Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and a Check if this is community prinstructions)   |               | Current value of the entire property?   | Current value of the portion you own?                                       |

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| Significant Name   Micros Name   Last Name   Who has an interest in the property? Check One.   Debtor 1 only   Debtor 2 only   Debtor 3 on Debtor 2 only   Debtor 4 only   Debtor 5 only   Debtor 6 only   Debtor 8 only   Debtor 8 only   Debtor 9 only   Debtor 1 only   Debtor 9 only   Debtor 1 only   D   | Debtor 1 |                            | C<br>Middle Norse     | Smith                            | Case numbe        | (if known)  |                             |
|--|----------|----------------------------|-----------------------|----------------------------------|-------------------|---|-----------------------------|
| Model: Year:   Debtor 1 only   Current value of the entire property?   |          |                            | ivilaale Name         |                                  |                   | De met de d'atant de la | alainea an annana Corra Bri |
| Year: Approximate mileage: Debtor 1 only Debtor 2 only Debtor 2 only Debtor 3 and Debtor 4 and Debtor 3 and Debtor 4 and Debtor 3 and Debtor 3 and Debtor 3 and Debtor 4 and Debtor 3 and D | 3.3      |                            |                       | •                                | operty? Check     |   | •                           |
| Approximate mileage:  Other information:  At least one of the debtors and another  Check if this is community property (see instructions)  Who has an interest in the property? Check one.  Other information:  Other information:  Other information:  Other information:  Other information:  Who has an interest in the property? Check one.  Instructions)  Who has an interest in the property? Check one.  Instructions  Other information:  Who has an interest in the property (see instructions)  Who has an interest in the property (see instructions)  Who has an interest in the property (see instructions)  Who has an interest in the property? Check one.  Other information:  Who has an interest in the property? Check one.  Other information:  Who has an interest in the property? Check one.  Other information:  Who has an interest in the property? Check one.  Other information:  Who has an interest in the property? Check one.  Other information:  Who has an interest in the property? Check one.  Other information:  Other inf |          |                            |                       |                                  |                   | •   |                             |
| Other information:  Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this is community property (see instructions)  Make Model: Vear: Approximate mileage: Other information:  Debtor 1 and Debtor 2 only Other information: Debtor 1 and Debtor 2 only Other information: Debtor 1 and Debtor 2 only Other information: Debtor 1 and Debtor 2 only Other information: Debtor 1 and Debtor 2 only Other information: Debtor 3 and another Check if this is community property (see instructions)  Who has an interest in the property? Check one.  Who has an interest in the property? Check one.  Who has an interest in the property? Check one.  Who has an interest in the property? Check one.  Approximate mileage: Debtor 1 and Debtor 2 only Other information: Debtor 1 only At least one of the debtors and another Check if this is community property (see instructions)  Who has an interest in the property? Check one. Debtor 2 only Other information: Debtor 2 only Other information: Debtor 3 only Debtor 4 only Debtor 5 only Other information: Debtor 5 only Debtor 6 only Debtor 9 only Debtor 1 only Debtor 1 only Debtor 1 only Debtor 2 only Debtor 3 only Debtor 4 only Debtor 5 only Debtor 6 only Debtor 6 only Debtor 7 only Debtor 8 only Debtor 9 only Debtor 9 only Debtor 1 only Debtor 1 only Debtor 1 only Debtor 1 only Debtor 2 only Debtor 2 only Debtor 1 only Debtor 1 only Debtor 1 only Debtor 2 only Debtor 3 only Debtor 4 only Debtor 5 only Debtor 6 only Debtor 6 only Debtor 7 only Debtor 8 only Debtor 9 only Debtor 9 only Debtor 1 only Debtor 1 only Debtor 1 only Debtor 1 only Debtor 2 only Debtor 3 only Debtor 6 only Debtor 6 only Debtor 8 only Debtor 9 only Debtor 9 only Debtor 1 only |          |                            |                       | _ ′                              |                   |   | , , ,                       |
| At least one of the debtors and another    Check if this is community property (see instructions)  3.4 Make   Who has an interest in the property? Check one.   Debtor 1 only   Debtor 2 only   Current value of the entire property?   Deottor 1 only   Current value of the entire property?   Deottor 1 only   Deottor 1 only   Deottor 2 only   Deottor 1 only   Deottor 2 only   Deottor 2 only   Deottor 1 only   Deottor 2 only   Deotto |          |                            |                       |                                  |                   |   |                             |
| Check if this is community property (see instructions)   |          | Other information.         |                       |                                  | nd another        |   |                             |
| instructions)  Who has an interest in the property? Check one.  Year:   Debtor 1 only   Current value of the entire property?   Check if this is community property (see instructions)   No   Yes   Who has an interest in the property?   Check one.   Current value of the entire property?   Creditors Who Have Claims Secured by Property.   Current value of the entire property?   Creditors Who Have Claims or exemptions. Put the amount of any secured claims or exemptions. Put the amount of any secured claims or exemptions. Put the amount of any secured claims or exemptions. Put the amount of any secured claims or exemptions. Put the amount of any secured claims or exemptions. Put the amount of any secured claims or exemptions. Put the amount of any secured claims or exemptions. Put the amount of any secured claims or exemptions. Put the amount of any secured claims or exemptions. Put the amount of any secured claims or exemptions. Put the amount of any secured claims or exemptions. Put the amount of any secured claims or exemptions. Put the amount of any secured claims or exemptions. Put the amount of any secured claims or exemptions. Put the amount of an |          |                            |                       |                                  |                   |   |                             |
| Model: Year:   Debtor 1 only   Current value of the entire property?    Watercraft, aircraft, motor homes, ATVs and other recreational vehicles, other vehicles, and accessories Examples: Boats, trailers, motors, personal watercraft, fishing vessels, snowmobiles, motorcycle accessories   Who has an interest in the property? Check one.   Debtor 1 only   Debtor 2 only   Debtor 2 only   Debtor 2 only   Debtor 1 only   Debtor 1 only   Debtor 2 only   Debtor 1 only   Debtor 1 and Debtor 2 only   Debtor 1 and Debtor 2 only   Debtor 1 and Debtor 2 only   Debtor 1 only   Debtor 2 only   Debtor 1 only   Debto |          |                            |                       |                                  | y property (see   |   |                             |
| Year:   Debtor 1 only   Creditors Who Have Claims Secured by Property.  Approximate mileage:   Debtor 2 only   Debtor 2 only   Debtor 2 only   Debtor 3 and Debtor 2 only   Debtor 4 and Debtor 2 only   Debtor 5 only   Debtor 5 only   Debtor 5 only   Debtor 5 only   Debtor 6 one.   Debtor 6 one.   Debtor 1 only   Debtor 6 one.   Debtor 1 only   Debto | 3.4      |                            |                       | -                                | operty? Check     |   |                             |
| Approximate mileage:  Other information:  Debtor 1 and Debtor 2 only Debtor 1 and Debtor 3 only At least one of the debtors and another Check if this is community property (see instructions)  Watercraft, aircraft, motor homes, ATVs and other recreational vehicles, other vehicles, and accessories Examples: Boats, trailers, motors, personal watercraft, fishing vessels, snowmobiles, motorcycle accessories  No Ves  4.1 Make Model: Year: Debtor 1 only Debtor 2 only Debtor 2 only Debtor 2 only Approximate mileage: Debtor 2 only Approximate mileage: Debtor 1 and Debtor 2 only Debtor 1 and Debtor 3 only All east one of the debtors and another Check if this is community property (see instructions)  Who has an interest in the property? Check one. Check if this is community property (see instructions)  Do not deduct secured claims or exemptions. Put the amount of any secured of the entire property?  Current value of the entire property?  Current value of the entire property?  Do not deduct secured claims or exemptions. Put the amount of any secured clai |          |                            |                       |                                  |                   | •   |                             |
| Other information:  Debtor 1 and Debtor 2 only  At least one of the debtors and another  Check if this is community property (see instructions)  Watercraft, aircraft, motor homes, ATVs and other recreational vehicles, other vehicles, and accessories  Examples: Boats, trailers, motors, personal watercraft, fishing vessels, snowmobiles, motorcycle accessories  No  Yes  4.1 Make  Model:  Year:  Approximate mileage:  Other information:  Who has an interest in the property? Check one.  At least one of the debtors and another  Check if this is community property (see instructions)  Who has an interest in the property? Check one.  At least one of the debtors and another  Check if this is community property (see instructions)  At least one of the debtors and another  Check if this is community property (see instructions)  At least one of the debtors and another  Check if this is community property (see instructions)  At least one of the debtors and another  Check if this is community property (see instructions)  At least one of the debtors and another  Check if this is community property (see instructions)  At least one of the debtors and another  Check if this is community property (see instructions)  At least one of the debtors and another  Current value of the entire property?  At least one of the debtors and another  Check if this is community property (see instructions)  At least one of the debtors and another  Check if this is community property (see instructions)  At least one of the debtors and another  Check if this is community property (see instructions)  At least one of the debtors and another  Current value of the entire property?  Current value of the entire property?  Current value of the entire property?   |          |                            |                       |                                  |                   | Creditors virio mave C                                      | iaims secured by Property.  |
| At least one of the debtors and another    Check if this is community property (see instructions)    Watercraft, aircraft, motor homes, ATVs and other recreational vehicles, other vehicles, and accessories   Examples: Boats, trailers, motors, personal watercraft, fishing vessels, snowmobiles, motorcycle accessories   No  |          | Approximate mileage.       |                       |                                  |                   | Current value of the  | Current value of the        |
| Check if this is community property (see instructions)    Watercraft, aircraft, motor homes, ATVs and other recreational vehicles, other vehicles, and accessories   Examples: Boats, trailers, motors, personal watercraft, fishing vessels, snowmobiles, motorcycle accessories   No   |          | Other information:         |                       | Debtor 1 and Debtor 2 only       |                   | entire property?  | portion you own?            |
| Watercraft, aircraft, motor homes, ATVs and other recreational vehicles, other vehicles, and accessories  Examples: Boats, trailers, motors, personal watercraft, fishing vessels, snowmobiles, motorcycle accessories  No Yes  4.1 Make Mho has an interest in the property? Check one. Year: Approximate mileage: Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only Current value of the entire property?  At least one of the debtors and another Check if this is community property (see instructions)  At least one of the debtors and another Debtor 1 only Current value of the entire property?  Current value of the continuous own?  Do not deduct secured claims or exemptions. Put the amount of any secured by Property.  Current value of the entire property?  Current value of the entire property?  Do not deduct secured claims or exemptions. Put the amount of any secured claims or exemptions. Put the amo |          |                            |                       | At least one of the debtors ar   | nd another        |   |                             |
| Watercraft, aircraft, motor homes, ATVs and other recreational vehicles, other vehicles, and accessories  Examples: Boats, trailers, motors, personal watercraft, fishing vessels, snowmobiles, motorcycle accessories    No   |          |                            |                       |                                  | y property (see   |   |                             |
| Model: Year: Approximate mileage: Other information: Debtor 1 only Other information: Debtor 2 only At least one of the debtors and another Check if this is community property (see instructions)  Who has an interest in the property? Check one. Year: Approximate mileage: Do not deduct secured claims on Schedule D: Current value of the entire property?  Do not deduct secured claims or exemptions. Put the amount of any secured claims or exemptions.  | <b>└</b> |                            |                       | Who has an interest in the pr    | operty? Check     | Do not deduct secured                                       | claims or exemptions. Put   |
| Year: Approximate mileage: Other information: Debtor 2 only Debtor 2 only At least one of the debtors and another Check if this is community property (see instructions)  Who has an interest in the property? Check one. Approximate mileage: Debtor 1 only At least one of the debtors and another Check if this is community property (see instructions)  Who has an interest in the property? Check one. Approximate mileage: Debtor 1 only Debtor 1 only Debtor 2 only Current value of the amount of any secured claims or exemptions. Put the amount of any secured claims on Schedule D: Creditors Who Have Claims Secured by Property. Current value of the entire property?  Current value of the entire property? Current value of the entire property? Current value of the entire property?  Current value of the entire property? Current value of the entire property? Current value of the entire property? Current value of the entire property?  | 4.1      |                            |                       |                                  | operty? Check     |   | •                           |
| Other information:    Debtor 1 and Debtor 2 only   |          |                            |                       |                                  |                   |   |                             |
| Other information:  Debtor 1 and Debtor 2 only  At least one of the debtors and another  Check if this is community property (see instructions)  Who has an interest in the property? Check one.  Year: Approximate mileage: Do not deduct secured claims or exemptions. Put the amount of any secured claims on Schedule D: Creditors Who Have Claims Secured by Property.  Current value of the entire property?  Check if this is community property (see instructions)  |          | Approximate mileage:       |                       | Debtor 2 only                    |                   | Command scales of the                                       | Command oralize of the      |
| At least one of the debtors and another    Check if this is community property (see instructions)    At least one of the debtors and another   |          | Other information:         |                       | = '                              |                   |   |                             |
| Check if this is community property (see instructions)  4.2 Make  Model:  Year:  Approximate mileage:  Other information:  Check if this is community property (see instructions)  Who has an interest in the property? Check one.  Debtor 1 only  Debtor 1 only  Debtor 2 only  Debtor 2 only  At least one of the debtors and another  Check if this is community property (see instructions)  5 Add the dollar value of the portion you own for all of your entries from Part 2 including any entries for pages   |          | Culor information.         |                       | =                                | nd another        | <del></del>   |                             |
| instructions)  4.2 Make  Model: Year: Approximate mileage: Other information:  Model: Debtor 1 only Debtor 2 only  At least one of the debtors and another Check if this is community property (see instructions)  Do not deduct secured claims or exemptions. Put the amount of any secured claims on Schedule D: Creditors Who Have Claims Secured by Property.  Current value of the entire property?  Current value of the portion you own?  Current value of the entire property?  Current value of the portion you own?  |          |                            |                       |                                  |                   |   |                             |
| Model: Year: Approximate mileage: Other information:  Debtor 1 only Debtor 2 only  At least one of the debtors and another instructions)  Debtor 2 only  At least one of the debtors and another instructions  The amount of any secured claims on Schedule D: Creditors Who Have Claims Secured by Property.  Current value of the entire property?  Portion you own?  Current value of the portion you own?  Debtor 2 only  At least one of the debtors and another instructions)  |          |                            |                       |                                  | , F. 90011, (000  |   |                             |
| Year: Approximate mileage: Debtor 1 only Debtor 2 only Other information: Debtor 2 only At least one of the debtors and another Check if this is community property (see instructions)  Creditors Who Have Claims Secured by Property. Current value of the entire property? Portion you own?  Current value of the portion you own?  Current value of the portion you own?  | 4.2      | Make                       |                       | Who has an interest in the pr    | operty? Check     |   | •                           |
| Approximate mileage:  Other information:  Debtor 2 only  Debtor 1 and Debtor 2 only  At least one of the debtors and another  Check if this is community property (see instructions)  Current value of the portion you own?  Current value of the portion you own?   |          |                            |                       |                                  |                   | •   |                             |
| Other information:  Debtor 2 only  Debtor 2 only  At least one of the debtors and another  Check if this is community property (see instructions)  Current value of the portion you own?  Current value of the portion you own?  |          |                            |                       | _ ′                              |                   | Creditors Who Have C  | laims Secured by Property.  |
| At least one of the debtors and another  Check if this is community property (see instructions)  5. Add the dollar value of the portion you own for all of your entries from Part 2, including any entries for pages   |          | Approximate mileage:       |                       | Debtor 2 only                    |                   | Current value of the  | Current value of the        |
| Check if this is community property (see instructions)  5. Add the dollar value of the portion you own for all of your entries from Part 2, including any entries for pages  |          | Other information:         |                       | Debtor 1 and Debtor 2 only       |                   | entire property?  | portion you own?            |
| instructions)  5. Add the dollar value of the portion you own for all of your entries from Part 2, including any entries for pages   |          |                            |                       | At least one of the debtors ar   | nd another        |   |                             |
| 5. Add the dollar value of the portion you own for all of your entries from Part 2, including any entries for pages  |          |                            |                       |                                  | y property (see   |   |                             |
|  | 5. Add   | the dollar value of the po | rtion you own for all | of your entries from Part 2, inc | luding any entrie | s for pages   | 675.00                      |

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| D        | ebtor 1                | Russell                                | C   | Smith                            | Case number (if known)         |   |
|----------|------------------------|--|---|----------------------------------|--------------------------------|---|
|          |                        | First Name                             | Middle Name   | Last Name                        |                                |   |
| Pa       | art 3:                 | Describe \                             | Your Personal and Househo   | old Items                        |                                |   |
| D        | o you                  | ı own or h                             | ave any legal or equitable i  | nterest in any of the fo         | ollowing items?                | Current value of the portion you own? Do not deduct secured claims or exemptions. |
| 6        | . Hous                 | sehold goods                           | s and furnishings   |                                  |                                |   |
|          | Examp                  | oles: Major app                        | oliances, furniture, linens, china, kitch   | enware                           |                                |   |
|          | No                     |  |   |                                  |                                |   |
| ✓        | Yes. I                 | Describe                               | Used Furniture and Household Goo  | ds                               |                                | \$600.00  |
|          |                        | r <b>onics</b><br>bles: Television     | s and radios; audio, video, stereo, ar  | nd digital equipment; computers  | s, printers, scanners; music   |   |
| Ш        | No                     |  |   |                                  |                                |   |
| ✓        | Yes. I                 | Describe                               | Used Home Electronics and Cell Ph   | nones                            |                                | \$550.00  |
|          |                        | •                                      | lue and figurines; paintings, prints, or oth pin, or baseball card collections; othe                | •                                | -                              |   |
|          | Yes. I                 | Describe                               |   |                                  |                                |   |
|          |                        | oles: Sports, pl                       | orts and hobbies<br>notographic, exercise, and other hobb<br>ks; carpentry tools; musical instrumen |                                  | oles, golf clubs, skis; canoes |   |
| <b>✓</b> | No                     |  |   |                                  |                                |   |
|          | Yes. I                 | Describe                               |   |                                  |                                |   |
|          | No                     |  | fles, shotguns, ammunition, and relate  | ed equipment                     |                                |   |
|          | 1. Clo                 |  | clothes, furs, leather coats, designer  | wear, shoes, accessories         |                                |   |
| Ш        | No                     |  |   |                                  |                                |   |
| ✓        | Yes. I                 | Describe                               | Used Clothing   |                                  |                                | \$500.00  |
|          | <b>2. Jew</b><br>Examp |  | jewelry, costume jewelry, engagemen<br>er   | t rings, wedding rings, heirloor | m jewelry, watches, gems,      |   |
| 片        |                        | D = = = = :  -                         |   |                                  |                                | 1   |
| ⊻        | Yes. I                 | Describe                               | Used Costume Jewelry  |                                  |                                | \$200.00  |
|          | Examp                  | n <b>-farm anima</b><br>bles: Dogs, ca | ls<br>ts, birds, horses   |                                  |                                |   |
| 뇓        | No                     | Danielle :                             |   |                                  |                                |   |
| Н        | Yes. I                 | Describe                               |   |                                  |                                |   |
| 1        | 4. Any                 | other perso                            | nal and household items you did r   | not already list, including an   | y health aids you did not list |   |
| <b>✓</b> | No                     |  |   |                                  |                                |   |
|          |                        | Describe                               |   |                                  |                                |   |
|          | E V 7 -                | ٠٠٠ طمالت ٠٠٠                          | alue of all of your entries from Dan  | t 2 including only entries for   | nagge vou hove offeehed        |   |
|          |                        |  | alue of all of your entries from Par<br>number here   |                                  |                                | \$1850.00   |

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| Debto        | or 1 Russell                               | С   | Smith                       | Case number (if known)                   |  |
|--------------|--|---|-----------------------------|--|--|
|              | First Name                                 | Middle Name   | Last Name                   |  |  |
| Part 4       | Describe Your                              | r Financial Assets  |                             |  |  |
| Do y         | ou own or have                             | any legal or equitable int  | erest in any of the f       | following?                               | Current value of the portion you own?  Do not deduct secured claims or exemptions. |
| 16. <b>C</b> | ash  |   |                             |  |  |
| E            | kamples: Money you ha  No                  | ave in your wallet, in your home, in a  | safe deposit box, and on ha | and when you file your petition          |  |
|              | Yes  |   |                             | Cash:                                    |  |
|              |  | savings, or other financial accounts<br>nstitutions. If you have multiple acc |                             | ares in credit unions, brokerage houses, |  |
|              | ☑ No<br>☑ Yes                              |   | Institution name:           |  |  |
|              |  | 17.1. Checking account:   | Fifth Third Bank            |  | \$0.00   |
|              |  | 17.2. Checking account:   | Fifth Third Bank            |  | \$1.00   |
|              |  | 17.3. Savings account:  |                             |  |  |
|              |  | 17.4. Savings account:  |                             |  |  |
|              |  | 17.5. Certificates of deposit:  |                             |  | <u>.</u> ;   |
|              |  | 17.6. Other financial account:  |                             |  |  |
|              |  | 17.7. Other financial account:  |                             |  |  |
|              |  | 17.8. Other financial account:  |                             |  |  |
|              |  | 17.9. Other financial account:  |                             |  | -  |
|              |  | s, or publicly traded stocks<br>, investment accounts with brokerac           | ge firms, money market acco | punts                                    |  |
|              | ✓ Yes                                      | Institution or issuer name:   |                             |  |  |
|              |  | Stock through Employee Stock I  | Purchase Plan at work       |  | \$1000.00  |
|              |  |   |                             |  | <u>.</u> ;   |
|              |  |   |                             |  |  |
|              | Non-publicly traded<br>an LLC, partnership |   | ated and unincorporated     | businesses, including an interest in     |  |
|              | <b>✓</b> No                                | Name of entity  |                             | % of ownership:                          |  |
|              | Yes. Give specific information about       | . Tearite of Gridly   |                             | 70 of owner of lip.                      |  |
|              | them                                       |   |                             |  |  |
|              |  |   |                             |  |  |

Official Form 106A/B Schedule A/B: Property page 5

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| Debt | or 1             | Russell                                   | С   | Smith                          | Case number (if known)                   |                |
|------|------------------|---|---|--------------------------------|--|----------------|
|      |                  | First Name                                | Middle Name   | Last Name                      |  |                |
|      | Neg<br>Non       | otiable instruments ir                    | orate bonds and other negotianclude personal checks, cashiers'nts are those you cannot transfer | checks, promissory notes       | s, and money orders.                     |                |
|      |                  | Yes. Give specific information about them | Issuer name:  |                                |  |                |
|      |                  |   |   |                                |  |                |
|      | Exa              |   |   | , thrift savings accounts, o   | or other pension or profit-sharing plans | -              |
|      |                  | No<br>Yes. List each                      | Type of account:  | Institution name:              |  |                |
|      |                  | account                                   | 401(k) or similar plan:   | 401K through work              |  | \$0.00         |
|      |                  | separately.                               | Pension plan:   |                                |  |                |
|      |                  |   | IRA:  |                                |  |                |
|      |                  |   | Retirement account:   |                                |  |                |
|      |                  |   | Keogh:  |                                |  | <u> </u>       |
|      |                  |   | Additional account:   |                                |  |                |
|      |                  |   | Additional account:   |                                |  | -              |
|      | Your<br>Examosom | mples: Agreements v<br>panies, or others  | orepayments<br>deposits you have made so that yo<br>with landlords, prepaid rent, public        |                                |  | -              |
|      |                  | No<br>Yes                                 | Electric:   | mondation name.                |  |                |
|      |                  |   | Gas:  |                                |  | -              |
|      |                  |   | Heating oil:  | -                              |  | -              |
|      |                  |   | Security deposit on rental unit:  | With landlord                  |  | -<br>\$1600.00 |
|      |                  |   | Prepaid rent:   | With landiold                  |  |                |
|      |                  |   | Telephone:  |                                |  | -              |
|      |                  |   | Water:  |                                |  |                |
|      |                  |   | Rented furniture:   |                                |  | -              |
|      |                  |   | Other:  |                                |  | -              |
| 23   | Δnn              | uities (A contract for                    | r a periodic payment of money to  | you either for life or for a n | umber of years)                          |                |
| 20.  |                  | No<br>Yes                                 | Issuer name and description:  | ou, cliner for the or for a f  | umbel of years)                          |                |
|      |                  |   |   |                                |  |                |
|      |                  |   |   |                                |  |                |
|      |                  |   |   |                                |  |                |

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| Debte      | or 1 Russell First Name   | C<br>Middle N  |                            | nith<br>st Name               | Case number (if known)  |  |
|------------|---|--|----------------------------|-------------------------------|---|--|
| 24.        | Interests in an   | education IRA, in an acco  | ount in a qualified AB     |                               | qualified state tuition program   |  |
|            | _   | 0(b)(1), 529A(b), and 529(b  | )(1).                      |                               |   |  |
|            | ✓ No<br>Yes   | nstitution name and descripti  | on. Separately file the re | ecords of any interests.11    | U.S.C. § 521(c):  |  |
|            | _   |  |                            |                               | •   |  |
|            | _   |  |                            |                               |   |  |
| 25.        | Trusts, equitable for   | ole or future interests in poyour benefit  | roperty (other than ar     | nything listed in line 1),    | and rights or powers  |  |
|            | ✓ No  |  |                            |                               |   | 7  |
|            | Yes. Descri   | De   |                            |                               |   |  |
| 26.        | Patents, copyr  | ights, trademarks, trade s   | ecrets, and other intel    | llectual property             |   |  |
|            |   | net domain names, websites   |                            |                               | nts   |  |
|            | ✓ No  Yes. Descri   | he   |                            |                               |   | 7  |
|            | Tes. Descri   |  |                            |                               |   |  |
| 27.        |   | chises, and other general  |                            |                               |   |  |
|            |   | ing permits, exclusive licens  | es, cooperative associa    | ation holdings, liquor licer  | nses, professional licenses   |  |
|            | ✓ No  Yes. Descri   | be   |                            |                               |   | 7  |
|            |   |  |                            |                               |   |  |
|            |   |  |                            |                               |   |  |
| Mon        | ney or proper   | ty owed to you?  |                            |                               |   | Current value of the portion you own? Do not deduct secured claims or exemptions.            |
|            | ney or proper   |  |                            |                               |   | portion you own? Do not deduct secured   |
|            | Tax refunds ow  | ed to you  |                            |                               | Federal:  | portion you own?  Do not deduct secured claims or exemptions.                                |
|            | Tax refunds ow  ✓ No  Yes. Give sp about t  | ed to you  ecific information hem, including whether   |                            |                               |   | portion you own?  Do not deduct secured claims or exemptions.  \$0.00                        |
|            | Tax refunds own  ✓ No  ☐ Yes. Give spabout to you alm   | ed to you secific information  |                            |                               | State:  | portion you own? Do not deduct secured claims or exemptions.  \$0.00  \$0.00                 |
| 28.        | Tax refunds own  No Yes. Give sp about t you alr and the  | ed to you  Decific information  Them, including whether eady filed the returns erax years  |                            |                               | State:<br>Local:  | portion you own?  Do not deduct secured claims or exemptions.  \$0.00                        |
| 28.        | Tax refunds ow  No Yes. Give sp about t you alr and the  Family support  Examples: Past d   | ed to you  Decific information  Them, including whether eady filed the returns erax years  | ousal support, child supp  | port, maintenance, divorce    | State:  | portion you own? Do not deduct secured claims or exemptions.  \$0.00  \$0.00                 |
| 28.        | Tax refunds ow  ✓ No  Yes. Give sp about to you alr and the  Family support  Examples: Past of  ✓ No  | ed to you  Decific information  Them, including whether  The eady filed the returns  The tax years                                   | ousal support, child supp  | port, maintenance, divorce    | State:<br>Local:  | portion you own? Do not deduct secured claims or exemptions.  \$0.00  \$0.00                 |
| 28.        | Tax refunds ow  ✓ No  Yes. Give sp about to you alr and the  Family support  Examples: Past of  ✓ No  | ed to you  Decific information  Them, including whether eady filed the returns erax years  | ousal support, child supp  | port, maintenance, divorce    | State: Local: e settlement, property settlement   | portion you own? Do not deduct secured claims or exemptions.  \$0.00  \$0.00  \$0.00         |
| 28.        | Tax refunds ow  ✓ No  Yes. Give sp about to you alr and the  Family support  Examples: Past of  ✓ No  | ed to you  Decific information  Them, including whether  The eady filed the returns  The tax years                                   | ousal support, child supp  | port, maintenance, divorce    | State: Local: e settlement, property settlement  Alimony: Maintenance:  | portion you own? Do not deduct secured claims or exemptions.  \$0.00  \$0.00  \$0.00  \$0.00 |
| 28.        | Tax refunds ow  ✓ No  Yes. Give sp about to you alr and the  Family support  Examples: Past of  ✓ No  | ed to you  Decific information  Them, including whether  The eady filed the returns  The tax years                                   | ousal support, child supp  | port, maintenance, divorce    | State: Local:  e settlement, property settlement  Alimony:  Maintenance:  Support:  | \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00  |
| 28.        | Tax refunds ow  ✓ No  Yes. Give sp about to you alr and the  Family support  Examples: Past of  ✓ No  | ed to you  Decific information  Them, including whether  The eady filed the returns  The tax years                                   | ousal support, child supp  | oort, maintenance, divorce    | State: Local:  e settlement, property settlement  Alimony: Maintenance: Support: Divorce settlement:                      | \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00                                      |
| 28.<br>29. | Tax refunds ow  ✓ No  ☐ Yes. Give sp about t you alr and the  Family support Examples: Past of  ✓ No  ☐ Yes. Give sp  | ed to you  Decific information Them, including whether The eady filed the returns The tax years                                      |                            |                               | State: Local:  e settlement, property settlement  Alimony: Maintenance: Support: Divorce settlement: Property settlement: | \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00  |
| 28.<br>29. | Tax refunds ow  ✓ No  ☐ Yes. Give sp about t you alr and the  Family support Examples: Past of  ✓ No  ☐ Yes. Give sp  Other amounts Examples: Unpair  | ed to you  Decific information hem, including whether heady filed the returns he tax years   | e payments, disability be  | enefits, sick pay, vacation p | State: Local:  e settlement, property settlement  Alimony: Maintenance: Support: Divorce settlement: Property settlement: | \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00                                      |
| 28.<br>29. | Tax refunds ow  ✓ No  ☐ Yes. Give sp about t you alr and the  Family support Examples: Past of  ✓ No  ☐ Yes. Give sp  Other amounts Examples: Unpair  | ed to you  Decific information Them, including whether The eady filed the returns The tax years                                      | e payments, disability be  | enefits, sick pay, vacation p | State: Local:  e settlement, property settlement  Alimony: Maintenance: Support: Divorce settlement: Property settlement: | \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00                                      |
| 28.<br>29. | Tax refunds ow  ✓ No  ☐ Yes. Give spabout to you alroand the second the seco | ed to you  Decific information hem, including whether heady filed the returns he tax years  Decific information  Decific information | e payments, disability be  | enefits, sick pay, vacation p | State: Local:  e settlement, property settlement  Alimony: Maintenance: Support: Divorce settlement: Property settlement: | \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00                                      |

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| Deb  | otor 1 Russell C   | Smith                                    | Case number (if known)                          |  |
|------|--|--|---|--|
|      | First Name Middle Na   | ame Last Name                            |   |  |
| 31.  | Interests in insurance policies  Examples: Health, disability, or life insurance;  | health savings account (HSA); credit, ho | omeowner's, or renter's insurance               |  |
|      | No   | Company name:                            | Beneficiary:                                    | Surrender or refund value:                               |
|      | Yes. Name the insurance company of each policy and list its value  | Term Life through Work                   |   | \$0.00   |
|      |  | Term Life through Work                   |   | \$0.00   |
|      |  |  |   |  |
| 32.  | Any interest in property that is due you from If you are the beneficiary of a living trust, experimentally because someone has died. |  | or are currently entitled to receive            |  |
|      | ✓ No   |  |   |  |
|      | Yes. Describe  |  |   |  |
| 33.  | Claims against third parties, whether or no Examples: Accidents, employment disputes, in   |  | demand for payment                              |  |
|      | ✓ No ☐ Yes. Describe   |  |   |  |
| 34.  | Other contingent and unliquidated claims to set off claims   | s of every nature, including counterc    | laims of the debtor and rights                  |  |
|      | ✓ No   |  |   |  |
|      | Yes. Describe  |  |   |  |
| 35.  | Any financial assets you did not already lis   | st .                                     |   |  |
|      | ✓ No   |  |   |  |
|      | Yes. Describe  |  |   |  |
|      |  |  |   |  |
| 36.  | Add the dollar value of all of your entries for Part 4. Write that number here   |  |   | \$2601.00  |
|      | 101 Fart 4. Write that humber here   |  |   |  |
| Part | t5: Describe Any Business-Relate   | d Property You Own or Have a             | n Interest In. List any real estate             | in Part 1.   |
|      | Do you own or have any legal or equitable  | • •                                      | ·   |  |
|      | ✓ No. Go to Part 6.  |  |   | urrent value of the                                      |
|      | Yes. Go to line 38.  |  | D   | ortion you own? o not deduct secured claims r exemptions |
| 38.  | Accounts receivable or commissions you   | already earned                           |   |  |
|      | ✓ No   |  |   |  |
|      | Yes. Describe  |  |   |  |
| 39.  | Office equipment, furnishings, and suppl Examples: Business-related computers, softw   |  | nines, rugs, telephones, desks, chairs, electro | nic devices  |
|      | ✓ No   |  |   |  |
|      | Yes. Describe  |  |   |  |
|      |  |  |   |  |

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| Deb  | tor 1                           | Russell                              | С                               | Smith                                   | Case number (if known)             |                                       |
|------|---------------------------------|--------------------------------------|---------------------------------|---|------------------------------------|---------------------------------------|
| 40.  | Mac                             | First Name                           | Middle Name                     | Last Name use in business, and tools of | vour trade                         |                                       |
| 40.  |                                 | No                                   | uipineni, supplies you i        | ise in business, and tools of           | your trade                         |                                       |
|      |                                 | Yes. Describe                        |                                 |   |                                    | 1                                     |
|      | ш                               | Too. Doodnibo                        |                                 |   |                                    |                                       |
| 11   | -<br>Inve                       | entory                               |                                 |   |                                    |                                       |
| 41.  |                                 | -                                    |                                 |   |                                    |                                       |
|      | 넴                               | No<br>Yes. Describe                  |                                 |   |                                    | 1                                     |
|      | ш                               | res. Describe                        |                                 |   |                                    |                                       |
| 40   | -<br>Into                       |                                      | ing or injust vantures          |   |                                    |                                       |
| 42.  | ✓.                              |                                      | ips or joint ventures           |   |                                    |                                       |
|      |                                 |                                      |                                 | Name of entity:                         | % of ownership:                    |                                       |
|      | Ш                               | Yes. Give specific information about |                                 |   |                                    |                                       |
|      |                                 | them                                 |                                 |   |                                    |                                       |
|      |                                 |                                      |                                 |   | · ·                                |                                       |
| 43 ( | Custo                           | omer lists mailing                   | lists, or other compilati       | ons                                     |                                    |                                       |
| 10.  |                                 | No                                   | noto, or other complian         | 0113                                    |                                    |                                       |
|      | $\stackrel{\checkmark}{\vdash}$ |                                      | clude personally identifiab     | le information (as defined in 11 l      | J.S.C. § 101(41A))?                |                                       |
|      |                                 | _                                    | ,                               | (                                       | 3 ( , , , .                        |                                       |
|      |                                 | No Yes. Descr                        | ribo                            |   |                                    |                                       |
|      |                                 | res. Desci                           | ibe                             |   |                                    |                                       |
| 44.  | Any                             | business-related p                   | property you did not alre       | ady list                                |                                    |                                       |
|      | <b>✓</b>                        | No                                   |                                 |   |                                    |                                       |
|      | Ш                               | Yes. Give specific information       |                                 |   |                                    |                                       |
|      |                                 | illioirriadori                       |                                 |   |                                    |                                       |
|      |                                 |                                      |                                 |   |                                    |                                       |
|      |                                 |                                      |                                 |   |                                    |                                       |
|      |                                 |                                      |                                 |   |                                    |                                       |
|      |                                 |                                      |                                 | -                                       |                                    |                                       |
|      |                                 |                                      | II af D                         |   |                                    |                                       |
|      |                                 |                                      | -                               | art 5, including any entries fo         |                                    |                                       |
| Dow  |                                 | Describe Any F                       | Farm- and Commerc               | cial Fishing-Related Pro                | perty You Own or Have an Interes   | ln.                                   |
| Part | ю:                              | If you own or have ar                | n interest in farmland, list it | in Part 1.                              | porty four own or make an interest |                                       |
| 46.  | Do                              | you own or have a                    | ny legal or equitable inte      | erest in any farm- or commerc           | cial fishing-related property?     |                                       |
|      | <b>✓</b>                        | No. Go to Part 7.                    |                                 |   |                                    | Current value of the portion you own? |
|      |                                 | Yes. Go to line 47.                  |                                 |   |                                    | Do not deduct secured                 |
|      |                                 |                                      |                                 |   |                                    | claims<br>or exemptions               |
| 47.  | Far                             | m animals                            |                                 |   |                                    | o. o.toparono                         |
|      |                                 |                                      | ultry, farm-raised fish         |   |                                    |                                       |
|      | <b>✓</b>                        | No                                   |                                 |   |                                    |                                       |
|      |                                 | Yes. Describe                        |                                 |   |                                    |                                       |
|      |                                 |                                      |                                 |   |                                    | 1                                     |

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| Debt         | tor 1    | Russell<br>First Name     | C<br>Middle Name  | Smith<br>Last Name           | Case number (if known)         |              |
|--------------|----------|---------------------------|---|------------------------------|--------------------------------|--------------|
| 10           | Cro      | pps-either growing or     |   | Last Name                    |                                |              |
| 48.          | _        |                           | narvesteu   |                              |                                |              |
|              | 뇓        | No<br>Yaa Dagariba        |   |                              |                                |              |
|              | ш        | Yes. Describe             |   |                              |                                |              |
|              | -        |                           |   |                              | *                              |              |
| 49.          | Far      | m and fishing equipn      | nent, implements, machinery,                                | fixtures, and tools of trade |                                |              |
|              | <b>✓</b> | No                        |   |                              |                                |              |
|              |          | Yes. Describe             |   |                              |                                |              |
|              | _        |                           |   |                              |                                |              |
| 50.          | Far      | m and fishing supplie     | es, chemicals, and feed                                     |                              |                                |              |
|              | <b>V</b> | No                        |   |                              |                                |              |
|              |          | Yes. Describe             |   |                              |                                |              |
|              |          |                           |   |                              |                                |              |
| 51.          | Anv      | / farm- and commerci      | ial fishing-related property yo                             | u did not already list       |                                |              |
|              |          | No                        | 3   |                              |                                |              |
|              | H        | Yes. Describe             |   |                              |                                |              |
|              | _        |                           |   |                              |                                |              |
|              | -        |                           |   |                              |                                |              |
|              |          |                           | of your entries from Part 6, inc                            |                              |                                |              |
| for Pa       | art 6.   | Write that number he      | ere   |                              | ▶                              |              |
|              |          |                           |   |                              |                                |              |
| Dord         | 7.       | Deceribe All Dres         | aartu Vau Oura ar Haya a                                    | on Interest in That You      | Did Not List Above             |              |
| Part<br>53   |          |                           | perty You Own or Have a<br>erty of any kind you did not alr |                              | Did Not List Above             |              |
| 00.          |          |                           | country club membership                                     | oddy noti                    |                                |              |
|              | <b>✓</b> | No                        |   |                              |                                |              |
|              |          | Yes. Give specific        |   |                              |                                |              |
|              |          | information               |   |                              |                                |              |
|              |          |                           |   |                              |                                |              |
|              |          |                           |   |                              |                                |              |
| 54. A        | dd th    | ne dollar value of all o  | of your entries from Part 7. Wr                             | ite that number here         | <b>&gt;</b>                    |              |
|              |          |                           |   |                              |                                |              |
|              |          |                           |   |                              |                                |              |
| Part         | 8:       | List the Totals of        | Each Part of this Form                                      |                              |                                |              |
| 55. <b>F</b> | art 1    | l: Total real estate, lin | e 2   |                              | <b>&gt;</b>                    |              |
|              |          |                           |   |                              |                                |              |
| -            |          | 2 total vehicles, line 5  |   | \$5675.00                    | _                              |              |
| 57. <b>P</b> | art 3    | : Total personal and      | household items, line 15                                    | \$1850.00                    | _                              |              |
| 58. <b>P</b> | art 4    | : Total financial asset   | s, line 36  | \$2601.00                    | _                              |              |
| 59. <b>F</b> | Part 5   | 5: Total business-rela    | ted property, line 45                                       |                              |                                |              |
| 60. <b>F</b> | Part 6   | 6: Total farm- and fisl   | hing-related property, line 52                              |                              | <del>_</del>                   |              |
| 61. <b>F</b> | Part 7   | 7: Total other propert    | y not listed, line 54                                       |                              | <del>_</del>                   |              |
| 62 <b>1</b>  |          | nersonal property A       |   |                              |                                |              |
| ~-· ·        | otal     |                           | dd lines 56 through 61                                      | <b>#</b> 40460 00            | _                              | 040400.00    |
|              | Total    | personal property:        | dd lines 56 through 61                                      | \$10126.00                   | Copy personal property total ▶ | + \$10126.00 |
|              | Total    | Processor Proposition     | dd lines 56 through 61                                      | \$10126.00                   | Copy personal property total ▶ | +\$10126.00  |

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| Fill in this information to identify your case: |                                      |                  |                              |   |  |
|---|--------------------------------------|------------------|------------------------------|---|--|
| Debtor 1  | Russell<br>First Name                | C<br>Middle Name | Smith<br>Last Name           | _ |  |
| Debtor 2<br>(Spouse, if filing                  | Lageria<br><sup>ng)</sup> First Name | K<br>Middle Name | Jones-Smith<br>Last Name     | _ |  |
| United States                                   | Bankruptcy Court for the:            | Northern         | District of Illinois (State) | _ |  |
| Case number (If known)                          |                                      |                  | (= 1000)                     | _ |  |

#### Official Form 106C

#### Check if this is an amended filing

#### Schedule C: The Property You Claim as Exempt

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Using the property you listed on *Schedule A/B: Property* (Official Form 106A/B) as your source, list the property that you claim as exempt. If more space is needed, fill out and attach to this page as many copies of *Part 2: Additional Page* as necessary. On the top of any additional pages, write your name and case number (if known).

For each item of property you claim as exempt, you must specify the amount of the exemption you claim. One way of doing so is to state a specific dollar amount as exempt. Alternatively, you may claim the full fair market value of the property being exempted up to the amount of any applicable statutory limit. Some exemptions—such as those for health aids, rights to receive certain benefits, and tax-exempt retirement funds—may be unlimited in dollar amount. However, if you claim an exemption of 100% of fair market value under a law that limits the exemption to a particular dollar amount and the value of the property is determined to exceed that amount, your exemption would be limited to the applicable statutory amount.

| Par | t1: Identify the Property You Cla   | im as Exempt  |  |                                    |
|-----|---|---|--|------------------------------------|
| 1.  | Which set of exemptions are you claiming  |   | , ,  |                                    |
|     | You are claiming state and federal nonb   |   | 11 U.S.C. § 522(b)(3)  |                                    |
|     | You are claiming federal exemptions. 1  | - , , , ,   |  |                                    |
| 2.  | For any property you list on Schedule A   | /B that you claim as e  | xempt, fill in the information below.                                      |                                    |
|     | Brief description of the property and line on Schedule A/B that lists this property | Current value of<br>the portion you<br>own<br>Copy the value from | Amount of the exemption you claim  Check only one box for each exemption.  | Specific laws that allow exemption |
|     |   | Schedule A/B  |  |                                    |
|     | Brief description: Chevrolet , MALIBU, 2010, 2010 Chevrolet MALIBU                  | \$5,675.00  | \$0 100% of fair market value, up to any applicable statutory limit        | 735 ILCS 5/12-1001(c)              |
|     | Line from Schedule A/B: 03  |   |  |                                    |
|     | Brief description: Stock through Employee Stock Purchase Plan at work               | \$1,000.00  | \$1,000.00 100% of fair market value, up to any applicable statutory limit | 735 ILCS 5/12-1001(b)              |
|     | Line from Schedule A/B: 18  |   |  |                                    |
| 3.  | Are you claiming a homestead exemption (Subject to adjustment on 4/01/19 and every  |   |  |                                    |
|     | ✓ No  Yes. Did you acquire the property cover                                       | red by the exemption with   | nin 1,215 days before you filed this case?                                 |                                    |
| C   | No Official Form 106C Yes   | ,   | The Property You Claim as Exempt   | page 1                             |

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| btor 1 Russ                                   |  | С           | Smith                                | Case number (if known)  |                                    |
|---|--|-------------|--------------------------------------|---|------------------------------------|
| First N                                       |  | Middle Name | Last Name                            |   |                                    |
| Brief desc                                    | tional Page cription of the property chedule A/B that lists th |             | Check only one b                     | exemption you claim box for each exemption.                           | Specific laws that allow exemption |
| Brief description 401K Line from Schedule A   | through work   | \$0.00      | 100% of fair applicable st           | \$0<br>market value, up to any<br>tatutory limit                      | 735 ILCS 5/12-704                  |
| Brief description  Term  Line from Schedule A | Life through Work  | \$0.00      | 100% of fair applicable st           | \$0<br>market value, up to any<br>tatutory limit                      | 735 ILCS 5/12-1001(f)              |
| Brief description Term Line from              | n:<br>Life through Work  | \$0.00      | 100% of fair applicable st           | \$0<br>market value, up to any<br>tatutory limit                      | 735 ILCS 5/12-1001(f)              |
| Brief description  With  Line from Schedule A | n:<br>landlord   | \$1,600.00  | 100% of fair applicable st           | \$1,600.00<br>market value, up to any<br>tatutory limit               | 735 ILCS 5/12-1001(b)              |
| Brief<br>description<br><b>Used</b>           |  | \$600.00    | 100% of fair applicable st           | \$600.00<br>market value, up to any<br>tatutory limit                 | 735 ILCS 5/12-1001(b)              |
| Line from                                     | n:<br>Costume Jewelry  | \$200.00    | 100% of fair applicable st           | \$200.00<br>market value, up to any<br>tatutory limit                 | 735 ILCS 5/12-1001(b)              |
| and C   | Home Electronics<br>cell Phones                                | \$550.00    | <b>Z</b>                             | \$550.00<br>market value, up to any                                   | 735 ILCS 5/12-1001(b)              |
| Brief description  Used  Line from Schedule A | n:<br>Clothing   | \$500.00    | 100% of fair applicable st           | \$500.00<br>market value, up to any<br>tatutory limit                 | 735 ILCS 5/12-1001(a)              |
| Brief<br>description                          | n:<br>Third Bank   | \$0.00      | 100% of fair applicable st           | \$0<br>market value, up to any<br>tatutory limit                      | 735 ILCS 5/12-1001(b)              |
|   | Third Bank   | \$1.00      | 100%, of fair                        | \$1.00<br>market value, up to any                                     | 735 ILCS 5/12-1001(b)              |
| Official form                                 |  | Schedule C  | : Trle Property You<br>applicable si | market value, up to any<br>I <b>Claim as Exempt</b><br>latutory limit | page 2                             |

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| Fill in this           | information to identify your case:              | :                              |  |                           |               |                    |
|------------------------|---|--------------------------------|--|---------------------------|---------------|--------------------|
| Debtor 1               | Russell   | С                              | Smith                                  |                           |               |                    |
|                        | First Name                                      | Middle Name                    | Last Name                              |                           |               |                    |
| Debtor 2               | Lageria   | K                              | Jones-Smith                            |                           |               |                    |
| (Spouse, i             | f filing) First Name                            | Middle Name                    | Last Name                              |                           |               |                    |
| United Sta             | ates Bankruptcy Court for the:                  | Northern                       | District of Illinois                   |                           |               |                    |
|                        | . ,   |                                | (State)                                |                           |               |                    |
| Case num<br>(If known) | ber   |                                |  |                           |               |                    |
|                        | 1 F 100D  |                                |  |                           |               | Check if this is a |
| Officia                | al Form 106D                                    |                                |  |                           |               | amended filing     |
| Sche                   | dule D: Credit                                  | ors Who Ha                     | ve Claims Secur                        | ed by Pro                 | perty         | 12/1               |
|                        |   |                                | are filing together, both are equal    |                           | <u> </u>      |                    |
|                        |   |                                | e entries, and attach it to this form  |                           |               |                    |
| and case r             | number (if known).                              |                                | ·                                      |                           |               | •                  |
| 1. <b>Do</b> a         | ny creditors have claims secu                   | red by your property?          |  |                           |               |                    |
|                        | No. Check this box and submit th                | nis form to the court with you | ur other schedules. You have nothing   | else to report on this fo | orm.          |                    |
| <u></u>                | Yes. Fill in all of the information b           | pelow.                         |  |                           |               |                    |
| Part 1:                | List All Secured Claims                         |                                |  |                           |               |                    |
|                        |   | r has more than one secur      | ed claim, list the creditor separately | Column A                  | Column B      | Column C           |
|                        |   |                                | list the other creditors in Part 2. As | Amount of claim           | Value of      | Unsecured          |
| mud                    | ch as possible, list the claims in a            | alphabetical order accordin    | g to the creditor's name.              | Do not deduct the         | collateral    | portion            |
|                        |   |                                |  | value of collateral.      | that supports | If any             |
|                        |   |                                |  |                           | this claim    |                    |
|                        | END FIN CO<br>ditor's Name                      | Describe the property t        | hat secures the claim:                 | \$16,070.00               | \$5,675.00    | <u>\$10,395.00</u> |
|                        | 0 Security Blvd #200                            | 66 Automobile                  |  |                           |               |                    |
| ľ                      | Number Street                                   |                                | the claim is: Check all that apply.    |                           |               |                    |
| <u> </u>               |   | Contingent                     |  |                           |               |                    |
| Gwy<br>Oak             |   | Unliquidated                   |  |                           |               |                    |
| City                   | State ZIP Code o owes the debt? Check one.      | Disputed                       |  |                           |               |                    |
| <u>~~</u>              | Debtor 1 only                                   | Nature of lien. Check al       | I that apply.                          |                           |               |                    |
| H                      | Debtor 2 only                                   | ✓ An agreement you m           | nade (such as mortgage or secured      |                           |               |                    |
|                        | Debtor 1 and Debtor 2 only                      | car loan)                      |  |                           |               |                    |
|                        | At least one of the debtors and                 |                                | as tax lien, mechanic's lien)          |                           |               |                    |
|                        | another   | Judgment lien from a           |  |                           |               |                    |
| Ш                      | Check if this claim relates to a community debt | Other (including a rig         | tht to offset)                         |                           |               |                    |
|                        | e debt was <u>5/1/2013</u><br>urred             | Last 4 digits of accour        | t number5228                           |                           |               |                    |

number here:

\$16,070.00

Add the dollar value of your entries in Column A on this page. Write that

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| Fill in  | this inforn   | nation to identify your case  | e:  |   |  |   |   |   |   |
|--|---|---|---|---|--|---|---|---|---|
| Debto  | or 1  | Russell   | С   |   | Smith  | _   |   |   |   |
|  |   | First Name  | Middle Nam  | ne  | Last Name  |   |   |   |   |
| Debto  |   | Lageria   | K Middle New  |   | Jones-Smith  | =   |   |   |   |
| (Spou  | ise, ii iiing   | g) First Name   | Middle Nam  | ie  | Last Name  |   |   |   |   |
| Unite  | d States B  | Sankruptcy Court for the:   | Northern  |   | District of Illinois (State)   | -   |   |   |   |
| Case<br>(If kno                                  | number<br>own)  |   |   |   | (2.5.1.5)  | -   |   |   |   |
| Offi   | cial F  | orm 106E/F  |   |   |  | <del>.</del>  | Che   | ck if this is ar  | amended filin                           |
| Scl  | hedu  | ıle E/F: Cre  | ditors Wh   | 10  | <b>Have Unsecur</b>  | ed Claims   |   |   | 12/1                                    |
| party t<br>106A/I<br>that ar<br>entries<br>knowr | to any exemples on any exemples on the listed in the bonds. | ecutory contracts or une<br>Schedule G: Executory<br>n Schedule D: Creditors                    | expired leases that or<br>y Contracts and Une<br>s Who Hold Claims S<br>the Continuation Pa | ould i<br><i>xpire</i><br>Secur<br>ige to | rs with PRIORITY claims and F<br>result in a claim. Also list exec<br>d Leases (Official Form 106G).<br>ed by Property. If more space<br>this page. On the top of any a                              | utory contracts on <i>Sci</i><br>Do not include any cr<br>is needed, copy the P | hedule A/B:<br>editors with<br>art you need | <i>Property</i> (Of<br>partially sec<br>I, fill it out, n | ficial Form<br>ured claims<br>umber the |
| 1.   | Do any cr   | editors have priority un  | secured claims agair  | nst yo                                    | ou?  |   |   |   |   |
| ]<br> <br>                                       | ☐ No. G<br>✓ Yes.   | Go to Part 2.   |   |   |  |   |   |   |   |
| 2.   | List all of<br>listed, iden<br>much as p<br>Continuati      | ntify what type of claim it is<br>possible, list the claims in a<br>ion Page of Part 1. If more | s. If a claim has both pri<br>alphabetical order acco<br>e than one creditor hold           | iority a<br>ording<br>ds a p              | ore than one priority unsecured or<br>and nonpriority amounts, list that or<br>to the creditor's name. If you have<br>particular claim, list the other cred<br>or this form in the instruction bookl | claim here and show bot<br>ve more than two priority<br>itors in Part 3.        | h priority and                              | nonpriority ar  | nounts. As                              |
|  |   |   |   |   |  |   | Total claim                                 | Priority amount   | Nonpriority amount                      |
| 2.1  |   | of Revenue  |   | Last                                      | t 4 digits of account number   |   | \$200.00                                    | \$200.00  | \$0.00                                  |
|  |   | Creditor's Name   |   |   | _  |   |   |   |   |
|  | PO Box 6<br>Number  |   | -   | wne                                       | en was the debt incurred?  | <u>n/a</u>  |   |   |   |
|  |   | cy Section  |   | As c                                      | of the date you file, the claim is   | : Check all that apply.   |   |   |   |
|  |   | -   | 60664   |   | Contingent   |   |   |   |   |
|  | Chicago<br>City   | Illinois<br>State   | 60664<br>Zip Code   | П   | Unliquidated   |   |   |   |   |
|  | ,   | curred the debt? Check  |   |   | Disputed   |   |   |   |   |
|  |   | tor 1 only  |   |   |  |   |   |   |   |
|  | Debt  | tor 2 only  |   | Туре                                      | e of PRIORITY unsecured clair  | n:  |   |   |   |
|  |   | tor 1 and Debtor 2 only   |   |   | Domestic support obligations   |   |   |   |   |
|  | =   | •   | l a cathair   | <b>V</b>                                  | Taxes and certain other debts you  | owe the government  |   |   |   |
|  |   | ast one of the debtors and  |   |   | Claims for death or personal inju  | · ·   |   |   |   |
|  | debt  |   | o a community   |   | intoxicated Other. Specify   |   |   |   |   |
|  | Is the cla  | aim subject to offset?  |   | ш   |  |   |   |   |   |
|  | <b>✓</b> No   |   |   |   |  |   |   |   |   |
|  | Yes   |   |   |   |  |   |   |   |   |
| 2.2  | IRS 1   |   |   |   | 4.4.1  |   | \$2,549.80                                  | \$2,549.80  | \$0.00                                  |
|  | Priority C  | Creditor's Name   |   |   | t 4 digits of account number _   | <del></del>   | φ <u></u>                                   | φ <u></u>   | Ψ0.00                                   |
|  | PO Box 7  |   |   | Whe                                       | en was the debt incurred?  | n/a   |   |   |   |
|  | Number  | Street  |   | As c                                      | of the date you file, the claim is   | : Check all that apply.   |   |   |   |
|  |   |   |   |   | Contingent   | ,,,   |   |   |   |
|  | Philadelp<br>City   | ohia Pennsylvania<br>State  | a 19101<br>Zip Code   |   | Unliquidated   |   |   |   |   |
|  | ,   | curred the debt? Check  | •   |   | ·  |   |   |   |   |
|  |   | tor 1 only  | 01101   |   | Disputed   |   |   |   |   |
|  |   | tor 2 only  |   | Туре                                      | e of PRIORITY unsecured clair  | n:  |   |   |   |
|  |   | tor 1 and Debtor 2 only   |   |   | Domestic support obligations   |   |   |   |   |
|  |   | ·   | l au ath au   | <b>V</b>                                  | Taxes and certain other debts you  | owe the government  |   |   |   |
|  | L At lea  | ast one of the debtors and  | anotner   | _   | Claims for death or personal inju  | _   |   |   |   |
|  |   | ck if this claim relates to   | o a community   |   | intoxicated  |   |   |   |   |
|  | debt  |   |   |   | Other. Specify   |   |   |   |   |
|  |   | aim subject to offset?  |   | _   |  |   |   |   |   |
|  | ₩ No  |   |   |   |  |   |   |   |   |
|  | Yes   |   |   |   |  |   |   |   |   |

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| Debto  |  | nith Case number (if known) t Name   |                 |
|--------|--|--|-----------------|
|        |  |  |                 |
| Part 2 |  |  |                 |
| 3.     | Do any creditors have nonpriority unsecured claims against you                               |  |                 |
|        | No. You have nothing to report in this part. Submit this form to the                         | e court with your other schedules.   |                 |
|        | ✓ Yes.   |  |                 |
|        |  | I order of the creditor who holds each claim. If a creditor has more t         |                 |
|        |  | claim listed, identify what type of claim it is. Do not list claims already in |                 |
|        | f more than one creditor holds a particular claim, list the other credito<br>Page of Part 2. | rs in Part 3.If you have more than four priority unsecured claims fill out t   | ne Continuation |
|        | -age of Fait 2.  |  | Taral alaba     |
|        | AD ACTRA DECOVERY CERV   |  | Total claim     |
| 4.1    | AD ASTRA RECOVERY SERV Nonpriority Creditor's Name   | Last 4 digits of account number 6494   | \$1,762.00      |
|        | 7330 W 33RD ST N STE 118   | When was the debt incurred? 6/1/2015   |                 |
|        | Number Street  | As of the date you file, the claim is: Check all that apply.                   |                 |
|        |  | Contingent   |                 |
|        | WICHITA Kansas 67205   |  |                 |
|        | City State Zip Code  | Unliquidated   |                 |
|        | Who incurred the debt? Check one.  Debtor 1 only   | Disputed   |                 |
|        | Debtor 2 only  | Type of NONPRIORITY unsecured claim:   |                 |
|        | Debtor 1 and Debtor 2 only   | Student loans  |                 |
|        | At least one of the debtors and another  | Obligations arising out of a separation agreement or divorce                   |                 |
|        | 븜  | that you did not report as priority claims                                     |                 |
|        | Check if this claim relates to a community debt  | Debts to pension or profit-sharing plans, and other similar debts              |                 |
|        | Is the claim subject to offset?  | ✓ 001 Collection; Collecting for   |                 |
|        | ✓ No   | ORIGINAL CREDITOR: SPEEDY  |                 |
|        | Yes  | Other. Specify <u>CASH 138</u>   |                 |
| 4.2    | AFNI<br>Nagariarity Craditor's Name  | Last 4 digits of account number 6173   | \$1,653.00      |
|        | Nonpriority Creditor's Name<br>404 BROCK DR PO BOX 309                                       | When was the debt incurred? 3/1/2016   |                 |
|        | Number Street  |  |                 |
|        |  | As of the date you file, the claim is: Check all that apply.                   |                 |
|        | BLOOMINGTON Illinois 61701   | Contingent   |                 |
|        | City State Zip Code  | Unliquidated   |                 |
|        | Who incurred the debt? Check one.  Debtor 1 only   | Disputed   |                 |
|        | Debtor 2 only  | Type of NONPRIORITY unsecured claim:   |                 |
|        | Debtor 1 and Debtor 2 only   | Student loans  |                 |
|        | <b>'</b>   | Obligations arising out of a separation agreement or divorce                   |                 |
|        | At least one of the debtors and another  | that you did not report as priority claims                                     |                 |
|        | Check if this claim relates to a community debt  | Debts to pension or profit-sharing plans, and other similar debts              |                 |
|        | Is the claim subject to offset?  | Collection; Collecting for   |                 |
|        | ✓ No   | ORIGINAL CREDITOR: 10 AT T   |                 |
|        | Yes  | Other. Specify MOBILITY  |                 |
| 4.3    | AT&T<br>Nonpriority Creditor's Name  | Last 4 digits of account number  | \$900.00        |
|        | PO Box 105262  | When was the debt incurred? n/a  |                 |
|        | Number Street  | As of the determine the three left of the deleter to                           |                 |
|        |  | As of the date you file, the claim is: Check all that apply.  Contingent       |                 |
|        | Atlanta Georgia 30348  | <b>=</b>   |                 |
|        | City State Zip Code  | Unliquidated   |                 |
|        | Who incurred the debt? Check one.  Debtor 1 only   | Disputed   |                 |
|        | Debtor 2 only  | Type of NONPRIORITY unsecured claim:   |                 |
|        | Debtor 1 and Debtor 2 only   | Student loans  |                 |
|        |  | Obligations arising out of a separation agreement or divorce                   |                 |
|        | At least one of the debtors and another  | that you did not report as priority claims                                     |                 |
|        | Check if this claim relates to a community debt  | Debts to pension or profit-sharing plans, and other similar debts              |                 |
|        | Is the claim subject to offset?  | ✓ Other. Specify Cable Bill  |                 |
|        | ✓ No   | <u> </u>   |                 |
|        | Yes  |  |                 |

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| Debto  | r 1 Russell C   | Smith Case number (if known)  |             |
|--------|---|---|-------------|
|        | First Name Middle Name  | Last Name   |             |
| Part 2 | Your NONPRIORITY Unsecured Claims - Con   | tinuation Page  |             |
|        | After listing any entries on this page, number them beginn                      | ning with 4.5, followed by 4.6, and so forth.   | Total claim |
| 4.4    | BANK OF AMERICA<br>Nonpriority Creditor's Name                                  | Last 4 digits of account number   | \$500.00    |
|        | POB 17054   | When was the debt incurred?n/a  |             |
|        | Number Street   | As of the date you file, the claim is: Check all that apply.  |             |
|        |   | Contingent  |             |
|        | WILMINGTON Delaware 19884 City State Zip Code                                   | Unliquidated  |             |
|        | Who incurred the debt? Check one.   | Disputed  |             |
|        | Debtor 1 only   | Type of NONPRIORITY unsecured claim:  |             |
|        | Debtor 2 only   | Student loans   |             |
|        | Debtor 1 and Debtor 2 only  | Obligations arising out of a separation agreement or divorce  |             |
|        | At least one of the debtors and another   | that you did not report as priority claims  |             |
|        | Check if this claim relates to a community debt                                 | Debts to pension or profit-sharing plans, and other similar debts                                       |             |
|        | Is the claim subject to offset?   | ✓ Other. Specify NSF  |             |
|        | V No □  |   |             |
|        | Yes   |   |             |
| 4.5    | CB/MEIJER Nonpriority Creditor's Name   | Last 4 digits of account number   | \$250.00    |
|        | 2929 Walker Ave NW  | When was the debt incurred?n/a  |             |
|        | Number Street   | As of the date you file, the claim is: Check all that apply.  |             |
|        | Crond Donido Michigan 40544   | Contingent  |             |
|        | Grand Rapids Michigan 49544 City State Zip Code                                 | Unliquidated  |             |
|        | Who incurred the debt? Check one.   | Disputed  |             |
|        | Debtor 1 only   | Type of NONPRIORITY unsecured claim:  |             |
|        | Debtor 2 and Debtor 3 and   | Student loans   |             |
|        | Debtor 1 and Debtor 2 only  At least one of the debtors and another             | Obligations arising out of a separation agreement or divorce  |             |
|        | 븜   | that you did not report as priority claims  |             |
|        | Check if this claim relates to a community debt Is the claim subject to offset? | Debts to pension or profit-sharing plans, and other similar debts                                       |             |
|        | No  | Other. Specify Credit Card  |             |
|        | Yes   |   |             |
| 1.6    | Citibank  | Look delimits of account number   | \$500.00    |
|        | Nonpriority Creditor's Name<br>PO Box 6500                                      | Last 4 digits of account number   | 4000.00     |
|        | Number Street   | When was the debt incurred?n/a  |             |
|        |   | As of the date you file, the claim is: Check all that apply.  |             |
|        | Sioux Falls South Dakota 57117  | Contingent  |             |
|        | City State Zip Code   | Unliquidated  |             |
|        | Who incurred the debt? Check one.  Debtor 1 only                                | Disputed  |             |
|        | Debtor 2 only   | Type of NONPRIORITY unsecured claim:  |             |
|        | Debtor 1 and Debtor 2 only  | Student loans   |             |
|        | At least one of the debtors and another   | Obligations arising out of a separation agreement or divorce that you did not report as priority claims |             |
|        | Check if this claim relates to a community debt                                 | Debts to pension or profit-sharing plans, and other similar   |             |
|        | Is the claim subject to offset?   | debts  Other Specify  NSE   |             |
|        | <b>✓</b> No   | Other. Specify NSF  |             |
|        | Yes   |   |             |

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| Debto  | r 1 Russell C<br>First Name Middle Name                    | Smith Case number (if known) Last Name  |             |
|--------|--|---|-------------|
| 21     |  |   |             |
| Part 2 |  |   |             |
|        | After listing any entries on this page, number them beginn | ing with 4.5, followed by 4.6, and so forth.  | Total claim |
| 4.7    | City of Chicago Parking                                    | Last 4 digits of account number   | \$2,000.00  |
|        | Nonpriority Creditor's Name<br>121 N. LaSalle St # 107A    |   |             |
|        | Number Street  | <del></del>   |             |
|        |  | As of the date you file, the claim is: Check all that apply.  Contingent                                |             |
|        | Chicago Illinois 60602                                     |   |             |
|        | City State Zip Code Who incurred the debt? Check one.      | Unliquidated  |             |
|        | Debtor 1 only  | Disputed  |             |
|        | Debtor 2 only  | Type of NONPRIORITY unsecured claim:  |             |
|        | Debtor 1 and Debtor 2 only                                 | Student loans   |             |
|        | At least one of the debtors and another                    | Obligations arising out of a separation agreement or divorce that you did not report as priority claims |             |
|        | Check if this claim relates to a community debt            | Debts to pension or profit-sharing plans, and other similar   |             |
|        | Is the claim subject to offset?                            | ─ debts ✓ Other. Specify Parking Tickets  |             |
|        | ✓ No   | Outer. Opening Training Training  |             |
|        | Yes  |   |             |
| 4.8    | City of Northlake  | Last 4 digits of account number   | \$120.00    |
|        | Nonpriority Creditor's Name<br>55 E. North Ave             | When was the debt incurred?   |             |
|        | Number Street  | When was the dept incurred:   |             |
|        |  | As of the date you file, the claim is: Check all that apply.  |             |
|        | Northlake Illinois 60164                                   | Contingent  |             |
|        | City State Zip Code  | Unliquidated  |             |
|        | Who incurred the debt? Check one.  Debtor 1 only           | Disputed  |             |
|        | <b>≝</b>   | Type of NONPRIORITY unsecured claim:  |             |
|        | Debtor 2 and Debtor 2 and                                  | Student loans   |             |
|        | Debtor 1 and Debtor 2 only                                 | Obligations arising out of a separation agreement or divorce  |             |
|        | At least one of the debtors and another                    | that you did not report as priority claims  |             |
|        | Check if this claim relates to a community debt            | Debts to pension or profit-sharing plans, and other similar debts                                       |             |
|        | Is the claim subject to offset?                            | ✓ Other. Specify Parking Tickets  |             |
|        | ✓ No   |   |             |
|        | Yes  |   |             |
| 1.9    | Clark Brands LLC   | Last 4 digits of account number   | \$100.00    |
|        | Nonpriority Creditor's Name<br>4200 Commerce Ct Ste 350    | When was the debt incurred?   |             |
|        | Number Street  | <u></u>   |             |
|        |  | As of the date you file, the claim is: Check all that apply.  |             |
|        |  | Contingent  |             |
|        | Lisle Illinois 60532                                       | Unliquidated  |             |
|        | City State Zip Code Who incurred the debt? Check one.      | Disputed  |             |
|        | Debtor 1 only  | Type of NONPRIORITY unsecured claim:  |             |
|        | Debtor 2 only  | Student loans   |             |
|        | Debtor 1 and Debtor 2 only                                 | Obligations arising out of a separation agreement or divorce  |             |
|        | At least one of the debtors and another                    | that you did not report as priority claims  |             |
|        | Check if this claim relates to a community debt            | Debts to pension or profit-sharing plans, and other similar debts                                       |             |
|        | Is the claim subject to offset?                            | ✓ Other. Specify <u>Credit Card</u>   |             |
|        | No   | <del></del>   |             |
|        | Yes  |   |             |
|        | <b>—</b> · · · ·   |   |             |

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| First Name   |
|--|
| After listing any entries on this page, number them beginning with 4.5, followed by 4.6, and so forth.    Comcast  |
| Cornicast   Corn   |
| Cornicast   Corn   |
| Nonpriority Creditor's Name 11621 E. Marginal Way # 5 Number Street Bankruptcy Dept  Seattle Washington 98168 City State Zip Code Who incurred the debt? Check one. Debtor 1 only At least one of the debtors and another Check if this claim relates to a community debt Is the claim subject to offset?  As of the date you file, the claim is: Check all that apply.  Contingent Unliquidated Disputed Debts 1 and Debtor 2 only Debts 1 and Debtor 2 only Debts to pension or profit-sharing plans, and other similar debts Debts to pension or profit-sharing plans, and other similar debts Debts to pension or profit-sharing plans, and other similar debts Debts to pension or profit-sharing plans, and other similar debts Debts to pension or profit-sharing plans, and other similar debts Disputed D |
| 11621 E. Marginal Way # 5   Number   Street   Bankruptcy Dept   Steet   Washington   98168   City   State   Zip Code   Disputed   Disputed   Type of NONPRIORITY unsecured claim:   Debtor 2 only   Debtor 1 and Debtor 2 only   Debtor 1 and Debtor 2 only   Debtor 1 and Debtor 2 only   Debtor 1 st the claim subject to offset?   Who incurred the debt? Check one.   Debtor 1 and Debtor 2 only   Debtor 2 only   Debtor 2 only   Debtor 3 offset?   Cable Bill   Debtor 2 only   Debtor 2 only   Debtor 1 only   Debtor 1 only   Debtor 2 only   Debtor 1 only   Debtor 2 only   Debtor 1 only   Debtor 2 only   Debtor 2 only   Debtor 1 and Debtor 2 only   Debtor 1 only   Debtor 2 only   Debtor 2 only   Debtor 2 only   Debtor 3 only   Debtor 4 only   Debtor 4 only   Debtor 4 only   Debtor 3 only   Debtor 4 only   Debtor 5 only   Debtor 4 only   Debtor 5 only   Debtor 4 only   Debtor 5 only   Debtor 6 only      |
| Seattle  |
| Seattle  |
| Seattle   Washington   98168   Unliquidated   Disputed   |
| City State Zip Code Who incurred the debt? Check one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this claim relates to a community debt is the claim subject to offset?  At least one of the debtors and another Check if this claim relates to a community debt is the claim subject to offset?  Anonpriority Creditor's Name Alincoln Center Number Street Bankruptcy Section Oakbrook Terrace Illinois 60181 City State Zip Code Who incurred the debt? Check one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this claim relates to a community debt is the claim subject to offset?  Commandation Com |
| Who incurred the debt? Check one.  □ Debtor 1 only □ Debtor 2 only □ Debtor 1 and Debtor 2 only □ Debtor 1 and Debtor 3 only □ Debtor 1 and Debtor 3 only □ Debtor 1 and Debtor 3 only □ At least one of the debtors and another □ Check if this claim relates to a community debt Is the claim subject to offset? □ No □ Yes □ Ves  |
| Debtor 1 only   Debtor 2 only   Debtor 2 only   Debtor 1 and Debtor 2 only   Debtor 1 only   Debtor 1 only   Debtor 2 only   Debtor 1 and Debtor 2 only   Debtor 1 and Debtor 2 only   Debtor 1 only   Debtor 2 only   Debtor 1 only   Debtor 1 only   Debtor 1 only   Debtor 2 only   Debtor 2 only   Debtor 2 only   Debtor 2 only   Debtor 3 only   Debtor 4 only   Debtor 4 only   Debtor 4 only   Debtor 5 only   Debtor 6 offset?   Debtor 6 only   Debtor 7 only   Debtor 7 only   Debtor 8 only   Debtor 8 only   Debtor 9 onl    |
| Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this claim relates to a community debt Is the claim subject to offset? No Yes    At 11   |
| Debtor 1 and Debtor 2 only  At least one of the debtors and another  Check if this claim relates to a community debt is the claim subject to offset?  No  Yes  Last 4 digits of account number  Number Street  Bankruptcy Section  Oakbrook Terrace Illinois 60181  City State Zip Code  Who incurred the debtor 2 only  Debtor 1 only  Debtor 1 only  Debtor 2 only  At least one of the debtors and another  Check if this claim relates to a community debt is the claim subject to offset?  Debts to pension or profit-sharing plans, and other similar debts  Vother. Specify Cable Bill  When was the debt incurred?  Number Street  Bankruptcy Section  Oakbrook Terrace Illinois 60181  City State Zip Code  Who incurred the debt? Check one.  Debtor 1 only  Debtor 1 only  Debtor 2 only  At least one of the debtors and another  Check if this claim relates to a community debt  Is the claim subject to offset?   |
| At least one of the debtors and another  Check if this claim relates to a community debt Is the claim subject to offset?  No Yes  Last 4 digits of account number Number Street Bankruptcy Section  Oakbrook Terrace Illinois 60181 City State Zip Code Who incurred the debtor 2 only Debtor 1 and Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this claim relates to a community debt Is the claim subject to offset?  that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts  Other. Specify Cable Bill  When was the debt incurred?  New was the debt incurred?  New name at 4 digits of account number When was the debt incurred?  New name at 4 digits of account number  Name at 6 digits of account nu |
| Check if this claim relates to a community debt   Is the claim subject to offset?   ✓ No   |
| Is the claim subject to offset?  V No  Yes    A.11   |
| Yes   Section    |
| Yes   ComEd   Nonpriority Creditor's Name   3 Lincoln Center   When was the debt incurred?   n/a   As of the date you file, the claim is: Check all that apply.   Contingent   Unliquidated   Unliquidated   Debtor 1 only   Debtor 2 only   At least one of the debtors and another   Check if this claim relates to a community debt   Sthe claim subject to offset?   Last 4 digits of account number   \$900.00     Spound   Spound   Spound   Spound   N/a   Spound   Spound   Spound   Spound   Spound   Spound   Spound   Spound   Spound   Student loans   Student lo  |
| A.11   ComEd   Nonpriority Creditor's Name   3 Lincoln Center   When was the debt incurred?   n/a   Nonpriority Street   Bankruptcy Section   As of the date you file, the claim is: Check all that apply.   Contingent   Unliquidated   Unliquidated   Disputed   Debtor 1 only   Debtor 2 only   Debtor 1 and Debtor 2 only   At least one of the debtors and another   Check if this claim relates to a community debt   Debts to pension or profit-sharing plans, and other similar debts   State   Debts to pension or profit-sharing plans, and other similar debts   State   Debts to pension or profit-sharing plans, and other similar debts   Come   Debts to pension or profit-sharing plans, and other similar debts   Debts to pension or profit-sharing plans, and other similar debts   Debts to pension or profit-sharing plans, and other similar debts   Debts to pension or profit-sharing plans, and other similar debts   Debts to pension or profit-sharing plans, and other similar debts   Debts to pension or profit-sharing plans, and other similar debts   Debts to pension or profit-sharing plans, and other similar debts   Debts to pension or profit-sharing plans, and other similar debts   Debts to pension or profit-sharing plans, and other similar debts   Debts to pension or profit-sharing plans, and other similar debts   Debts to pension or profit-sharing plans, and other similar debts   Debts to pension or profit-sharing plans, and other similar debts   Debts to pension or profit-sharing plans, and other similar debts   Debts to pension or profit-sharing plans, and other similar debts   Debts to pension or profit-sharing plans, and other similar debts   Debts to pension or profit-sharing plans, and other similar debts   Debts to pension or profit-sharing plans, and other similar debts   Debts to pension or profit-sharing plans, and other similar debts   Debts to pension or profit-sharing plans, and other similar debts   Debts to pension or profit-sharing plans, and other similar debts   Debts to pension or profit-sharing plans, and   |
| Nonpriority Creditor's Name 3 Lincoln Center Number Street Bankruptcy Section  Oakbrook Terrace Illinois 60181 City State Zip Code Who incurred the debt? Check one. Debtor 1 only Debtor 2 only At least one of the debtors and another  Check if this claim relates to a community debt Is the claim subject to offset?  Nonpriority Creditor's Name 3 Lincoln Center When was the debt incurred?  As of the date you file, the claim is: Check all that apply.  Contingent Unliquidated Unliquidated Type of NONPRIORITY unsecured claim: Student loans Obligations arising out of a separation agreement or divorce that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts   |
| 3 Lincoln Ćenter Number Street Bankruptcy Section  Oakbrook Terrace Illinois 60181 City State Zip Code  Who incurred the debt? Check one. □ Debtor 1 only □ Debtor 2 only □ At least one of the debtors and another □ Check if this claim relates to a community debt Is the claim subject to offset?  When was the debt incurred?   |
| Bankruptcy Section  Oakbrook Terrace Illinois 60181 City State Zip Code Who incurred the debt? Check one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this claim relates to a community debt Is the claim subject to offset?  As of the date you file, the claim is: Check all that apply. Contingent Unliquidated Type of NONPRIORITY unsecured claim: Student loans Obligations arising out of a separation agreement or divorce that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts  |
| Oakbrook Terrace Illinois 60181 City State Zip Code Who incurred the debt? Check one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this claim relates to a community debt Is the claim subject to offset?  Contingent Unliquidated Type of NONPRIORITY unsecured claim: Student loans Obligations arising out of a separation agreement or divorce that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts   |
| Oakbrook Terrace Illinois 60181 City State Zip Code  Who incurred the debt? Check one.  □ Debtor 1 only □ Debtor 2 only □ Debtor 1 and Debtor 2 only □ At least one of the debtors and another □ Check if this claim relates to a community debt  Is the claim subject to offset?  Unliquidated □ Disputed  Type of NONPRIORITY unsecured claim: □ Student loans □ Obligations arising out of a separation agreement or divorce that you did not report as priority claims □ Debts to pension or profit-sharing plans, and other similar debts   |
| Who incurred the debt? Check one.  Debtor 1 only  Debtor 2 only  Debtor 1 and Debtor 2 only  At least one of the debtors and another  Check if this claim relates to a community debt  Is the claim subject to offset?  Disputed  Type of NONPRIORITY unsecured claim:  Student loans  Obligations arising out of a separation agreement or divorce that you did not report as priority claims  Debts to pension or profit-sharing plans, and other similar debts  |
| Debtor 1 only  Debtor 2 only  Debtor 1 and Debtor 2 only  At least one of the debtors and another  Check if this claim relates to a community debt  Is the claim subject to offset?  Debtor 1 only  Type of NONPRIORITY unsecured claim:  Student loans  Obligations arising out of a separation agreement or divorce that you did not report as priority claims  Debts to pension or profit-sharing plans, and other similar debts  |
| Debtor 2 only  Debtor 1 and Debtor 2 only  At least one of the debtors and another  Check if this claim relates to a community debt  Is the claim subject to offset?  Type of NONPRIORITY unsecured claim:  Student loans  Obligations arising out of a separation agreement or divorce that you did not report as priority claims  Debts to pension or profit-sharing plans, and other similar debts  |
| Debtor 1 and Debtor 2 only  At least one of the debtors and another  Check if this claim relates to a community debt  Is the claim subject to offset?  Student loans  Obligations arising out of a separation agreement or divorce that you did not report as priority claims  Debts to pension or profit-sharing plans, and other similar debts   |
| At least one of the debtors and another  Check if this claim relates to a community debt  Is the claim subject to offset?  Obligations arising out of a separation agreement or divorce that you did not report as priority claims  Debts to pension or profit-sharing plans, and other similar debts  |
| Check if this claim relates to a community debt  Is the claim subject to offset?  Debts to pension or profit-sharing plans, and other similar debts  |
| Is the claim subject to offset?  |
| is the sidin subject to offset:  |
| ✓ Other. Specify Electric Bill   |
| ☐ Yes  |
|  |
| 4.12 CORPORATE AMERICA FCU Last 4 digits of account number \$\) Nonpriority Creditor's Name \$\)  Last 4 digits of account number \$\) \$\)  |
| 2075 BIG TIMBER RD When was the debt incurred? 1/1/2014  |
| Number Street  As of the date you file, the claim is: Check all that apply.  |
|  |
| ELGIN Illinois 60123 Contingent  |
| City State Zip Code Unliquidated   |
| Who incurred the debt? Check one.  ☐ Disputed ☐ Disputed ☐ Disputed ☐ Disputed   |
| Type of NONPRIORITY unsecured claim:   |
|  |
| Debtor 1 and Debtor 2 only   |
| Debtor 1 and Debtor 2 only  Debtor 1 and Debtor 2 only  Obligations arising out of a separation agreement or divorce   |
| Debtor 1 and Debtor 2 only  Student loans  Obligations arising out of a separation agreement or divorce  |
| Debtor 1 and Debtor 2 only  At least one of the debtors and another  Check if this claim relates to a community debt  Is the claim subject to offset?  Student loans  Obligations arising out of a separation agreement or divorce that you did not report as priority claims  Debts to pension or profit-sharing plans, and other similar debts   |
| Debtor 1 and Debtor 2 only  At least one of the debtors and another  Check if this claim relates to a community debt  Student loans  Obligations arising out of a separation agreement or divorce that you did not report as priority claims  Debts to pension or profit-sharing plans, and other similar debts  |

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| Debtor  |  | Smith Case number (if known)  |             |
|---------|--|---|-------------|
|         |  | Last Name   |             |
| Part 2: | Your NONPRIORITY Unsecured Claims - Conti                  | nuation Page  |             |
|         | After listing any entries on this page, number them beginn | ing with 4.5, followed by 4.6, and so forth.  | Total claim |
| 4.13    | CORPORATE AMERICA FCU                                      | Local Admits of account number 0440   | \$816.00    |
|         | Nonpriority Creditor's Name                                | Last 4 digits of account number 0142  | ψο : σ.σσ   |
|         | 2075 BIG TIMBER RD<br>Number Street                        | When was the debt incurred? 1/1/2014  |             |
|         | Trained Chock  | As of the date you file, the claim is: Check all that apply.  |             |
|         | ELCIN Illinois 60122                                       | Contingent  |             |
|         | ELGIN Illinois 60123 City State Zip Code                   | Unliquidated  |             |
|         | Who incurred the debt? Check one.                          | Disputed  |             |
|         | Debtor 1 only  | Type of NONPRIORITY unsecured claim:  |             |
|         | Debtor 2 only  | Student loans   |             |
|         | Debtor 1 and Debtor 2 only                                 |   |             |
|         | At least one of the debtors and another                    | <ul> <li>Obligations arising out of a separation agreement or divorce<br/>that you did not report as priority claims</li> </ul> |             |
|         | Check if this claim relates to a community debt            | Debts to pension or profit-sharing plans, and other similar   |             |
|         | Is the claim subject to offset?                            | debts   |             |
|         | ✓ No   | ✓ Other. Specify InstallmentLoan  |             |
|         | Yes  |   |             |
| 4.14    | ENHANCED RECOVERY CO L                                     |   | \$2,191.00  |
|         | Nonpriority Creditor's Name                                | Last 4 digits of account number 7481  | ΨΣ,101.00   |
|         | 8014 BAYBERRY RD<br>Number Street                          | When was the debt incurred? 5/1/2016  |             |
|         | Trumbol Groot  | As of the date you file, the claim is: Check all that apply.  |             |
|         | JACKSONVILLE Florida 32256                                 | Contingent  |             |
|         | JACKSONVILLE Florida 32256 City State Zip Code             | Unliquidated  |             |
|         | Who incurred the debt? Check one.                          | Disputed  |             |
|         | Debtor 1 only  | Type of NONPRIORITY unsecured claim:  |             |
|         | Debtor 2 only  | Student loans   |             |
|         | Debtor 1 and Debtor 2 only                                 | Obligations arising out of a separation agreement or divorce  |             |
|         | At least one of the debtors and another                    | that you did not report as priority claims  |             |
|         | Check if this claim relates to a community debt            | Debts to pension or profit-sharing plans, and other similar   |             |
|         | Is the claim subject to offset?                            | debts   |             |
|         | ✓ No   | ✓ 001 Collection; Collecting for ORIGINAL CREDITOR:   |             |
|         | Yes  | Other. Specify TMOBILE  |             |
| 4.15    | Enterprise Rent-A-Car                                      | Land & Marks of a consist mount on  | \$500.00    |
|         | Nonpriority Creditor's Name                                | Last 4 digits of account number   | Ψοσσίου     |
|         | 816 E Roosevelt Rd Number Street                           | When was the debt incurred?n/a  |             |
|         | - Names  | As of the date you file, the claim is: Check all that apply.  |             |
|         |  | Contingent  |             |
|         | Lombard Illinois 60148                                     | Unliquidated  |             |
|         | City State Zip Code  | Disputed  |             |
|         | Who incurred the debt? Check one.  Debtor 1 only           | Type of NONPRIORITY unsecured claim:  |             |
|         | Debtor 2 only  | Student loans   |             |
|         | Debtor 1 and Debtor 2 only                                 | Obligations arising out of a separation agreement or divorce  |             |
|         | At least one of the debtors and another                    | that you did not report as priority claims  |             |
|         |  | Debts to pension or profit-sharing plans, and other similar   |             |
|         | Check if this claim relates to a community debt            | debts  Other. Specify Debt  |             |
|         | Is the claim subject to offset?                            | Striet. Specify Debt  |             |
|         | ✓ No   |   |             |
|         | ☐ Yes  |   |             |

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| Vour NONPRIORITY Unsecured Claims - Continuation Page  | Debtor  |   | Smith Case number (if known) ast Name                        |                     |
|--|---------|---|--|---------------------|
| After listing any entries on this page, number them beginning with 4.5, followed by 4.6, and so forth.   | D( 0    |   |  |                     |
| Nonpriority Creditors Name Number Street  Eden Prairie Minnesota 55344    Contingent Who incurred the debt? Check one.   | Part 2: |   |  | Total claim         |
| When was the debt incurred?   n/a   As of the date you flie, the claim is: Check all that apply.   | 4.16    |   | — Last 4 digits of account number                            | \$200.00            |
| As of the date you file, the claim is: Check all that apply.   |         |   | <u>———</u>   |                     |
| Contingent   Unliquidated   Debtor 1 only   Debtor 2 only   Debtor 2 only   Debtor 2 only   Sudent loans   Obligations arising out of a separation agreement or divorce that you did not report as priority claims   Debts 1 and Debtor 2 only   Debts 2 only   Obligations arising out of a separation agreement or divorce that you do not report as priority claims   Debts 1 opension or profits-sharing plans, and other similar debts   Others, Specify   Credit Card   Others, Specify   Credit C   |         |   |  |                     |
| Check if this claim relates to a community debt   State   Disputed   Disput   |         |   |  |                     |
| Mino incurred the debt? Check one.   |         |   |  |                     |
| Debtor 1 and Debtor 2 only   Debtor 2 only   Debtor 1 and Debtor 2 only   Debtor 1 only   Debtor 1 and Debtor 2 only   Debtor 1 and Debtor 3 only   Debtor 3 only   Debtor 3 only   Debtor 3 only   Debtor 4 only   Debtor 5 only     |         | ,   | <b>=</b> '   |                     |
| Debtor 2 only   Debtor 1 and Debtor 2 only   Obligations arising out of a separation agreement or divorce that you did not report as priority claims   Debts tay to great the tay out did not report as priority claims   Debts tay to great the tay out did not report as priority claims   Debts tay   |         |   | <u> </u>   |                     |
| Debtor 1 and Debtor 2 only   |         | Debtor 2 only                                   | <u>~</u>   |                     |
| At least one of the debtors and another  |         | Debtor 1 and Debtor 2 only                      |  |                     |
| State claim subject to offset?   Other. Specify   Credit Card  |         | At least one of the debtors and another         | that you did not report as priority claims                   |                     |
| Since claim studgect to oriset?   Other. Specify   Credit Card   |         | Check if this claim relates to a community debt |  |                     |
| Yes   FIRST PREMIER BANK   Last 4 digits of account number   \$561.00  |         |   |  |                     |
| FIRST PREMIER BANK   |         |   |  |                     |
| Nonpriority Creditor's Name   Jefferson Capital Systems, LLC PO Box 7999   When was the debt incurred?   12/1/2014   | I       | <b>—</b>  |  |                     |
| Jefferson Capital Systems, LLC PO Box 7999   When was the debt incurred?   12/1/2014   | 4.17    |   | Last 4 digits of account number                              | \$561.00            |
| As of the date you file, the claim is: Check all that apply.    Saint Cloud   Minnesota   56302   Contingent   Contingent   Unliquidated   Disputed   Disp |         | Jefferson Capital Systems, LLC PO Box 7999      | When was the debt incurred? 12/1/2014                        |                     |
| Saint Cloud Minnesota 56302 City State Zip Code Who incurred the debt? Check one.    Debtor 1 and Debtor 2 only   Debtor 1 and Debtor 2 only   Debtor 1 and Debtor 3 and another   Disputed   Debtor 1 and Debtor 2 only   Debtor 1 and Debtor 3 and another   Debtor 2 only   Debtor 1 and Debtor 3 and another   Debtor 1 and Debtor 2 only   Debtor 1 and Debtor 3 and another   Debtor 4 beto 1 conly   Debtor 1 and Debtor 3 and another   Debtor 4 beto 1 conly   Debtor 1 and Debtor 3 and another   Debtor 4 beto 1 conly   Debtor 1 and Debtor 3 and another   Debtor 4 beto 1 conly   Debtor 1 and Debtor 3 and another   Debtor 4 beto 1 conly   Debtor 1 and Debtor 3 and another   Debtor 4 beto 1 conly   Debtor 1 and Debtor 3 and another   Debtor 4 beto 1 conly   Debtor 1 and Debtor 3 and another   Debtor 4 beto 1 conly   Debtor 1 and Debtor 3 and another   Debtor 4 beto 1 conly   Debtor 1 and Debtor 3 and another   Debtor 4 beto 1 conly   Debtor 1 and Debtor 3 and another   Debtor 4 beto 1 conly   Debtor 1 and Debtor 3 and another   Debtor 4 beto 1 conly   Debtor 1 and Debtor 3 and another   Debtor 4 beto 1 conly   Debtor 4 beto 1 conly   Debtor 4 beto 1 conly   Debtor 5 beto 1 beto 1 conly   Debtor 5 beto 1 b |         |   | As of the date you file, the claim is: Check all that apply. |                     |
| City State Zip Code Who incurred the debt? Check one.  ☑ Debtor 1 only ☐ Debtor 2 only ☐ Debtor 2 only ☐ At least one of the debtors and another ☐ Check if this claim relates to a community debt Is the claim subject to offset? ☑ No ☐ Yes  4.18  4.18  FST PREMIER Nonpriority Creditor's Name 3820 N LOUISE AVE Number Street  Street  As of the date you file, the claim is: Check all that apply. ☐ Contingent ☐ Unliquidated ☐ Disputed ☐ Type of NONPRIORITY unsecured claim: ☐ Check if this claim relates to a community debt ☐ Debtor 1 only ☐ Debtor 1 only ☐ Debtor 2 only ☐ At least one of the debtors and another ☐ Check if this claim relates to a community debt ☐ Debtor 1 and Debtor 2 only ☐ At least one of the debtors and another ☐ Check if this claim relates to a community debt ☐ Check if this claim relates to a community debt ☐ Debtor 1 only ☐ Debtor 1 and Debtor 2 only ☐ Check if this claim relates to a community debt ☐ Debtor 0 on profit-sharing plans, and other similar debts ☐ Debts 1 on profit-sharing plans, and other similar debts ☐ Debts 2 opension or profit-sharing plans, and other similar debts ☐ Debts 2 opension or profit-sharing plans, and other similar debts ☐ Debts 2 opension or profit-sharing plans, and other similar debts  |         |   | Contingent   |                     |
| Debtor 1 only   Type of NONPRIORITY unsecured claim:   Student loans   Obligations arising out of a separation agreement or divorce that you did not report as priority claims   Obligations arising out of a separation agreement or divorce that you did not report as priority claims   Obligations arising out of a separation agreement or divorce that you did not report as priority claims   Obligations arising out of a separation agreement or divorce that you did not report as priority claims   Obligations arising out of a separation agreement or divorce that you did not report as priority claims   Obligations arising out of a separation agreement or divorce that you did not report as priority claims   Obligations arising out of a separation agreement or divorce that you did not report as priority claims   Obligations arising out of a separation agreement or divorce that you did not report as priority claims   Obligations arising out of a separation agreement or divorce that you did not report as priority claims   Obligations arising out of a separation agreement or divorce that you did not report as priority claims   Obligations arising out of a separation agreement or divorce that you did not report as priority claims   Obligations arising out of a separation agreement or divorce that you did not report as priority claims   Obligations arising out of a separation agreement or divorce that you did not report as priority claims   Obligations arising out of a separation agreement or divorce that you did not report as priority claims   Obligations arising out of a separation agreement or divorce that you did not report as priority claims   Obligations arising out of a separation agreement or divorce that you did not report as priority claims   Obligations arising out of a separation agreement or divorce that you did not report as priority claims   Obligations arising out of a separation agreement or divorce that you did not report as priority claims   Obligations arising out of a separation agreement or divorce tha    |         |   | Unliquidated   |                     |
| Debtor 2 only Debtor 1 and Debtor 2 only Student loans Obligations arising out of a separation agreement or divorce that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts Ves  4.18] FST PREMIER Nonpriority Creditor's Name 3820 N LOUISE AVE Number Street  SIOUX FALLS South Dakota 57107 City State Zip Code Who incurred the debt? Check one. Debts o pension or profit-sharing plans, and other similar debts Who incurred the debt? Check one. Debtor 1 only Debtor 1 only Debtor 2 only At least one of the debtors and another Check if this claim relates to a community debt Debts to pension or profit-sharing plans, and other similar debts Contingent Uniliquidated Uniliquidated Disputed Type of NONPRIORITY unsecured claim: Student loans Obligations arising out of a separation agreement or divorce that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts Debts to pension or profit-sharing plans, and other similar debts   |         |   | Disputed   |                     |
| Debtor 1 and Debtor 2 only   |         |   | Type of NONPRIORITY unsecured claim:                         |                     |
| At least one of the debtors and another  At least one of the debtors and another  Check if this claim relates to a community debt  Is the claim subject to offset?  No Yes  At least one of the debtors and another  Last 4 digits of account number2854   |         | <b>=</b> '                                      | Student loans  |                     |
| Check if this claim relates to a community debt   Debts to pension or profit-sharing plans, and other similar debts   Debts to pension or profit-sharing plans, and other similar debts   Other. Specify   |         | <u>'</u>  | Obligations arising out of a separation agreement or divorce |                     |
| State   Claim subject to offset?   CreditCard  |         | 븜   |  |                     |
| Stree claim subject to oriser       Other. Specify     CreditCard  |         |   |  |                     |
| Yes   ST PREMIER   |         |   | ✓ Other. Specify <u>CreditCard</u>                           |                     |
| Last 4 digits of account number   2854   \$467.00  |         |   |  |                     |
| Nonpriority Creditor's Name  3820 N LOUISE AVE Number Street  SIOUX FALLS South Dakota 57107 City State Zip Code Who incurred the debt? Check one.  Debtor 1 only Debtor 2 only At least one of the debtors and another  At least one of the debtors and another  Check if this claim relates to a community debt  Nonpriority Creditor's Name  3824  When was the debt incurred?  5/1/2013  As of the date you file, the claim is: Check all that apply.  Contingent Unliquidated Unliquidated Disputed  Type of NONPRIORITY unsecured claim:  Student loans  Obligations arising out of a separation agreement or divorce that you did not report as priority claims  Debts to pension or profit-sharing plans, and other similar debts  | 110     |   |  | \$467.00            |
| Number Street  SIOUX FALLS South Dakota 57107 City State Zip Code Who incurred the debt? Check one.  Debtor 1 only  Debtor 2 only  At least one of the debtors and another  Check if this claim relates to a community debt  As of the date you file, the claim is: Check all that apply.  Contingent  Unliquidated  Disputed  Type of NONPRIORITY unsecured claim:  Student loans  Obligations arising out of a separation agreement or divorce that you did not report as priority claims  Debts to pension or profit-sharing plans, and other similar debts   | 4.10    | Nonpriority Creditor's Name                     | <u></u>  | <del>\$407.00</del> |
| As of the date you file, the claim is: Check all that apply.    Contingent   Contingent  |         |   | When was the debt incurred? 5/1/2013                         |                     |
| SIOUX FALLS South Dakota 57107 City State Zip Code  Who incurred the debt? Check one.  Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another  Check if this claim relates to a community debt  Unliquidated Disputed  Type of NONPRIORITY unsecured claim: Student loans Obligations arising out of a separation agreement or divorce that you did not report as priority claims  Debts to pension or profit-sharing plans, and other similar debts   |         |   | As of the date you file, the claim is: Check all that apply. |                     |
| City       State       Zip Code         Who incurred the debt? Check one.       □ Disputed         ✓ Debtor 1 only       Type of NONPRIORITY unsecured claim:         □ Debtor 2 only       □ Student loans         □ Debtor 1 and Debtor 2 only       □ Obligations arising out of a separation agreement or divorce that you did not report as priority claims         □ Check if this claim relates to a community debt       □ Debts to pension or profit-sharing plans, and other similar debts   |         | SIOUX FALLS South Dakota 57107                  | Contingent   |                     |
| ✓ Debtor 1 only       Type of NONPRIORITY unsecured claim:         ☐ Debtor 2 only       Student loans         ☐ Debtor 1 and Debtor 2 only       Obligations arising out of a separation agreement or divorce that you did not report as priority claims         ☐ Check if this claim relates to a community debt       Debts to pension or profit-sharing plans, and other similar debts  |         | City State Zip Code                             | Unliquidated   |                     |
| Type of NONPRIORITY unsecured claim:  Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another  Check if this claim relates to a community debt  Type of NONPRIORITY unsecured claim:  Student loans Obligations arising out of a separation agreement or divorce that you did not report as priority claims  Debts to pension or profit-sharing plans, and other similar debts  |         |   | Disputed   |                     |
| Debtor 1 and Debtor 2 only  At least one of the debtors and another  Check if this claim relates to a community debt  Student loans  Obligations arising out of a separation agreement or divorce that you did not report as priority claims  Debts to pension or profit-sharing plans, and other similar debts  |         | <u> </u>  | Type of NONPRIORITY unsecured claim:                         |                     |
| At least one of the debtors and another  Check if this claim relates to a community debt  Obligations arising out of a separation agreement or divorce that you did not report as priority claims  Debts to pension or profit-sharing plans, and other similar debts   |         | <u>'</u>  | Student loans  |                     |
| Check if this claim relates to a community debt  Debts to pension or profit-sharing plans, and other similar debts   |         | <u>'</u>  |  |                     |
| debts  |         | 븜   |  |                     |
| is the claim subject to otiset?  |         | Is the claim subject to offset?                 | debts  |                     |
| No Other. Specify CreditCard   |         |   | ✓ Other. Specify <u>CreditCard</u>                           |                     |
| ☐ Yes  |         |   |  |                     |

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| Debtor  |  | Smith Case number (if known)  |             |
|---------|--|---|-------------|
|         |  | Last Name   |             |
| Part 2: | Your NONPRIORITY Unsecured Claims - Cont                   | inuation Page   |             |
|         | After listing any entries on this page, number them beginn | ning with 4.5, followed by 4.6, and so forth.   | Total claim |
| 4.19    | Hertz Rent A Car   | Lock & divite of account number   | \$500.00    |
|         | Nonpriority Creditor's Name                                | Last 4 digits of account number   | <del></del> |
|         | 629 West Madison Street Number Street                      | When was the debt incurred?n/a  |             |
|         |  | As of the date you file, the claim is: Check all that apply.  |             |
|         |  | Contingent  |             |
|         | Oak Park Illinois 60302                                    | Unliquidated  |             |
|         | City State Zip Code  | Disputed  |             |
|         | Who incurred the debt? Check one.  Debtor 1 only           | Type of NONPRIORITY unsecured claim:  |             |
|         | Debtor 2 only  | Student loans   |             |
|         | Debtor 1 and Debtor 2 only                                 | Obligations arising out of a separation agreement or divorce  |             |
|         | At least one of the debtors and another                    | that you did not report as priority claims  |             |
|         | Check if this claim relates to a community debt            | Debts to pension or profit-sharing plans, and other similar debts                                       |             |
|         | Is the claim subject to offset?                            | ✓ Other. Specify <u>Debt</u>  |             |
|         | ✓ No   | _   |             |
|         | Yes  |   |             |
| 4.20    | HUSBY MARVIN L III   |   | \$2.200.00  |
| 4.20    | Nonpriority Creditor's Name                                | Last 4 digits of account number   | \$2,298.00  |
|         | 852 W ARMITAGE Number Street                               | When was the debt incurred?n/a  |             |
|         | Number Street  | As of the date you file, the claim is: Check all that apply.  |             |
|         | 01: 00011  | Contingent  |             |
|         | Chicago Illinois 60614 City State Zip Code                 | Unliquidated  |             |
|         | Who incurred the debt? Check one.                          | Disputed  |             |
|         | Debtor 1 only  | Type of NONPRIORITY unsecured claim:  |             |
|         | ✓ Debtor 2 only  | <u></u>   |             |
|         | Debtor 1 and Debtor 2 only                                 | Student loans   |             |
|         | At least one of the debtors and another                    | Obligations arising out of a separation agreement or divorce that you did not report as priority claims |             |
|         | Check if this claim relates to a community debt            | Debts to pension or profit-sharing plans, and other similar debts                                       |             |
|         | Is the claim subject to offset?                            | Other. Specify Judgements   |             |
|         | ✓ No   |   |             |
|         | Yes  |   |             |
| 4.21    | IDES   | Last 4 digits of account number   | \$3,000.00  |
|         | Nonpriority Creditor's Name<br>P O Box 4385                | When was the debt incurred? n/a   |             |
|         | Number Street  |   |             |
|         | Benefit Payment Control Division                           | As of the date you file, the claim is: Check all that apply.  |             |
|         | Chicago Illinois 60680                                     | Contingent  |             |
|         | City State Zip Code  | Unliquidated  |             |
|         | Who incurred the debt? Check one.  Debtor 1 only           | Disputed  |             |
|         | Debtor 2 only  | Type of NONPRIORITY unsecured claim:  |             |
|         | Debtor 1 and Debtor 2 only                                 | Student loans   |             |
|         | <u>'</u>   | Obligations arising out of a separation agreement or divorce  |             |
|         | At least one of the debtors and another                    | that you did not report as priority claims  |             |
|         | Check if this claim relates to a community debt            | Debts to pension or profit-sharing plans, and other similar debts                                       |             |
|         | Is the claim subject to offset?                            | Other. Specify Overpayment of Benefits  |             |
|         | ✓ No   |   |             |
|         | Yes  |   |             |

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Debtor 1 Russell Smith Case number (if known) First Name Last Name Part 2: Your NONPRIORITY Unsecured Claims - Continuation Page After listing any entries on this page, number them beginning with 4.5, followed by 4.6, and so forth. **Total claim** 4.22 ILLINOIS COLLECTION SE \$85.00 Last 4 digits of account number \_\_\_\_ Nonpriority Creditor's Name 8231 185TH ST STE 100 When was the debt incurred? Number Street As of the date you file, the claim is: Check all that apply. Contingent TINLEY PARK 60487 Illinois Unliquidated City State Zip Code Who incurred the debt? Check one. Disputed Debtor 1 only Type of NONPRIORITY unsecured claim: Debtor 2 only Student loans Debtor 1 and Debtor 2 only Obligations arising out of a separation agreement or divorce At least one of the debtors and another that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar Check if this claim relates to a community debt debts Is the claim subject to offset? **V** 001 Collection; Collecting for **✓** No ORIGINAL CREDITOR: MEDICAL PAYMENT DATA Other. Specify Yes 4.23 Illinois Lenders \$1,200.00 Last 4 digits of account number \_ Nonpriority Creditor's Name 2109 S Wabash Ave, When was the debt incurred? Number As of the date you file, the claim is: Check all that apply. Contingent Chicago . Illinois 60616 Unliquidated Zip Code City State Who incurred the debt? Check one. Disputed Debtor 1 only Type of NONPRIORITY unsecured claim: Debtor 2 only Student loans Debtor 1 and Debtor 2 only Obligations arising out of a separation agreement or divorce At least one of the debtors and another that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar Check if this claim relates to a community debt Is the claim subject to offset? ✓ Other. Specify \_\_\_\_ Payday Loan **✓** No Yes 4.24 Illinois Tollway \$200.00 Last 4 digits of account number Nonpriority Creditor's Name 2700 Ogden Ave When was the debt incurred? As of the date you file, the claim is: Check all that apply. Legal Dept Contingent Downers Grove Illinois 60515 Unliquidated City State Zip Code Who incurred the debt? Check one. Disputed Debtor 1 only Type of NONPRIORITY unsecured claim: Debtor 2 only Student loans Debtor 1 and Debtor 2 only V Obligations arising out of a separation agreement or divorce At least one of the debtors and another that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar Check if this claim relates to a community debt debts Is the claim subject to offset? ✓ Other. Specify \_ Tollway Tickets **✓** No

l Yes

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| After listing any entries on this page, number them beginning with 4.5, followed by 4.6, and so forth.    As of the date you file, the claim is: Check all that apply.   | ebtor  |   | Smith Case number (if known)                                 |             |
|--|--------|---|--|-------------|
| After listing any entries on this page, number them beginning with 4.5, followed by 4.6, and so forth.    Jo Devider   | art 2  |   |  |             |
| Last 4 digits of account number   S5.00  | arı Z. |   |  | Total claim |
| Nonpriority Creditor's Name  | .25    |   |  | \$5.00      |
| Number   Street   Street   Street   Sade   Zp Code   City   Sale   Zp Code   City   City   Sale   Zp Code   City   Cit   |        | Nonpriority Creditor's Name                     |  | φο.σσ       |
| Servyn   Illinois   60402   Corringent   C   |        |   | When was the debt incurred?n/a                               |             |
| Berwn   Illinois   G3402   |        |   | As of the date you file, the claim is: Check all that apply. |             |
| Delbor 1 only   Delbor 2 only   Delbor 2 only   Delbor 3 only   Delbor 4 and Delbor 2 only   Delbor 4 and Delbor 2 only   Delbor 4 and Delbor 3 only   Delbor 4 only   Delbor 5 only   Delbor 5 only   Delbor 6 only   Delbor 6 only   Delbor 6 only   Delbor 6 only   Delbor 7 only   Delbor 6 only   Delbor 7 only   Delbor 7 only   Delbor 8 only   Delbor 8 only   Delbor 8 only   Delbor 9 only   Del   |        | Benwn Illinois 60402                            | Contingent   |             |
| Debtor 1 only  |        |   | Unliquidated   |             |
| Debtor 2 only   Student loans   Obigations arising out of a separation agreement or divorce that you did not report as priority claims   Obigations arising out of a separation agreement or divorce that you did not report as priority claims   Obigations arising out of a separation agreement or divorce that you did not report as priority claims   Obigations arising out of a separation agreement or divorce that you did not report as priority claims   Obigations arising out of a separation agreement or divorce that you did not report as priority claims   Obigations arising out of a separation agreement or divorce that you did not report as priority claims   Obigations arising out of a separation agreement or divorce that you did not report as priority claims   Obigations arising out of a separation agreement or divorce that you did not report as priority claims   Obigations arising out of a separation agreement or divorce that you did not report as priority claims   Obigations arising out of a separation agreement or divorce that you did not report as priority claims   Obetor 2 only   Obigations arising out of a separation agreement or divorce that you did not report as priority claims   Obigations arising out of a separation agreement or divorce that you did not report as priority claims   Obigations arising out of a separation agreement or divorce that you did not report as priority claims   Obigations or profit-sharing plans, and other similar debts   Obetor 2 only   Obigations arising out of a separation agreement or divorce   Obigations or profit-sharing plans, and other similar debts   Obigations arising out of a separation agreement or divorce that you did not report as priority claims   Obigations arising out of a separation agreement or divorce that you did not report as priority claims   Obigations arising out of a separation agreement or divorce that you did not report as priority claims   Obigations arising out of a separation agreement or divorce that you did not report as priority claims   Obigation   |        |   | Disputed   |             |
| Sudent loans   Sude   |        |   | Type of NONPRIORITY unsecured claim:                         |             |
| Obligations arising out of a separation agreement or divorce that you did not report as priority claims   Debts to pension or profit-sharing plans, and other similar debts   Street   Debts to pension or profit-sharing plans, and other similar debts   Other. Specify   Notice Only   Notice Only   Notice Only   Other. Specify   Notice Only   Notice Only   Notice Only   Notice Only   Other. Specify   Notice Only   Notice Only   Notice Only   Other. Specify   Other.   |        | <u> </u>  | Student loans  |             |
| At least one of the debtors and another   that you did not report as priority claims   that you did not repo    |        | <u>'</u>  | Obligations arising out of a separation agreement or divorce |             |
| debts   Sthe claim subject to offset?   Cher. Specify   Notice Only  |        | At least one of the debtors and another         | that you did not report as priority claims                   |             |
| Other. Specify   Notice Only   |        | Check if this claim relates to a community debt |  |             |
| Section   Sect   |        |   |  |             |
| Solid   Sewel Osco   |        |   | 110000 0111)   |             |
| Nonpriority Creditor's Name 2501 W Grandview Rd Number Street  As of the date you file, the claim is: Check all that apply.  Contingent Unliquidated Disputed  Who incurred the debt? Check one. Debtor 1 only Debtor 2 only At least one of the debtors and another Check if this claim relates to a community debt Is the claim subject to offset?  As of the date you file, the claim is: Check all that apply. Type of NONPRIORITY unsecured claim: Debtor 1 only Debtor 2 only At least one of the debtors and another Other. Specify Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this claim relates to a community debt Is the claim subject to offset?  Image: Provided the debt of the debt of the debtor and the debt of the debtor and another Unliquidated Disputed Who incurred the debt? Check one. Debtor 1 only At least one of the debtors and another Debtor 1 and Debtor 2 only At least one of the debtors and another Debtor to fiset?  Other. Specify NSF  |        | Yes   |  |             |
| When was the debt incurred? n/a  As of the date you file, the claim is: Check all that apply.  Contingent  Unliquidated Disputed  Who incurred the debt? Check one. Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this claim relates to a community debt Incurred the debt? Check one. Debtor 1 only Debtor 1 and Debtor 2 only Debtor 1 between the debtors and another Debtor 2 only Debtor 2 only Debtor 3 and Debtor 2 only Debtor 5 pension or profit-sharing plans, and other similar debts Debtor 5 pension or profit sharing plans, and other similar debts Debtor 5 pension or profit sharing plans, and other similar debts Debtor 6 pension or profit sharing plans, and other similar debts Debtor 6 pension or profit sharing plans, and other similar debts Debtor 7 pent or pension or profit sharing plans, and other similar debts Debtor 8 pension or profit sharing plans, and other similar debts Debtor 1 and Debtor 2 only Debtor 1 and Debtor 3 only Debtor 1 and Debtor 3 only Debtor 1 and Debtor 3 only Debtor 1 only Debtor 1 and Debtor 3 only Debtor 1 only Debtor 2 only Debtor 3 only Debtor 4 pension or profit-sharing plans, and other similar debts Debtor 3 pension or profit-sharing plans, and other similar debts Debtor 3 pension or profit-sharing plans, and other similar debts Debtor 4 pension or profit-sharing plans, and other similar debts Debtor 5 pension or profit-sharing plans, and other similar debts Debtor 5 pension or profit-sharing plans, and other similar debts Debtor 5 pension or profit-sharing plans, and other similar debts Debtor 5 pension or profit-sharing plans, and other similar debts Debtor 5 pension or profit- | .26    |   | Last 4 digits of account number                              | \$300.00    |
| Number Street  As of the date you file, the claim is: Check all that apply.  Contingent Unliquidated Disputed Who incurred the debt? Check one. Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this claim relates to a community debt Is the claim subject to offset?  Whon incurred the debt?  Indicated Disputed Disputed Type of NONPRIORITY unsecured claim: Student loans Obligations arising out of a separation agreement or divorce that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts Type of NONPRIORITY unsecured claim: Debts to pension or profit-sharing plans, and other similar debts Type of NONPRIORITY unsecured claim: Debts to pension or profit-sharing plans, and other similar debts Type of NONPRIORITY unsecured?  Number Street  As of the date you file, the claim is: Check all that apply. Contingent Unliquidated Type of NONPRIORITY unsecured claim: Debtor 1 only Debtor 2 only Debtor 2 only At least one of the debtors and another Debts to pension or profit-sharing plans, and other similar debts Disputed Type of NONPRIORITY unsecured claim: Debts to pension or profit-sharing plans, and other similar debts Debts to pension or profit-sharing plans, and other similar debts Debts to pension or profit-sharing plans, and other similar debts Debts to pension or profit-sharing plans, and other similar debts Debts to pension or profit-sharing plans, and other similar debts Debts to pension or profit-sharing plans, and other similar debts Debts to pension or profit-sharing plans, and other similar debts Debts to pension or profit-sharing plans, and other similar debts Debts to pension or profit-sharing plans, and other similar debts Debts to pension or profit-sharing plans, and other similar debts Debts to pension or profit-sharing plans, and other similar debts Debts to pension or profit-sharing plans, and other similar debts Debts to pension or profit-sharing plans, and other similar debts Debts to pension or profit-sharing plans, and other s |        | 2501 W Grandview Rd                             |  |             |
| Contingent   |        |   | <del></del>  |             |
| Phoenix Arizona 85023 City State Zip Code Who incurred the debt? Check one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only As of the date you file, the claim is: Check all that apply.  NEW HYDE PARK New York 11042 City State Zip Code Who incurred the debtors and another Debtor 1 only Debtor 1 only At least one of the debtors and another Debtor 2 only New Hyde Park New York 11042 City State Zip Code Who incurred the debt? Check one. Debtor 1 only Debtor 2 only Debtor 2 only Debtor 1 only Debtor 2 only Debtor 1 only Debtor 2 only Debtor 1 only Debtor 2 only Debtor 2 only Debtor 3 only Debtor 3 only Debtor 4 least one of the debtors and another Debtor 5 conly Debtor 1 only Debtor 2 only Debtor 1 only Debtor 2 only Debtor 3 only Debtor 4 least one of the debtors and another Debtor 5 claim relates to a community debt is the claim subject to offset?  Unliquidated Disputed Type of NONPRIORITY unsecured claim: Disputed Disputed Type of NONPRIORITY unsecured claim: Debtor 2 only Debtor 3 only Debtor 4 only Debtor 5 only Debtor 5 only Debtor 5 only Debtor 6 only Debtor 6 only Debtor 8 only Debtor 9 only Debtor 9 only Debtor 9 only Debtor 9 only Debtor 1 only Debtor 9 only Debtor 1 only Debtor 1 only Debtor 1 only Debtor 1 only Debtor 2 only Debtor 1 only Debtor 2 only Debtor 1 only Debtor 3 only Debtor 4 only Debtor 5 only Debtor 5 only Debtor 6 only Debtor 9 only Deb |        |   |  |             |
| City State Zip Code Who incurred the debt? Check one.  Debtor 1 and Debtor 2 only  Debtor 1 and Debtor 2 only  At least one of the debtors and another  Check if this claim relates to a community debt Is the claim subject to offset?  Jebson Marcus Avenue  Nonpriority Creditor's Name 2000 MARCUS AVENUE Number Street  As of the date you file, the claim is: Check all that apply.  City State Zip Code  Who incurred the debtor 2 only  Debtor 1 and Debtor 2 only  Last 4 digits of account number  Men was the debt incurred?  As of the date you file, the claim is: Check all that apply.  Contingent  Unliquidated  Disputed  Type of NONPRIORITY unsecured claim:  Debtor 1 only  S500.00  Nonpriority Creditor's Name 2000 MARCUS AVENUE Number Street  As of the date you file, the claim is: Check all that apply.  Contingent  Unliquidated  Disputed  Type of NONPRIORITY unsecured claim:  S500.00  Obligations arising out of a separation agreement or divorce that you did not report as priority claims  Debtor 1 only  Debtor 2 only  Debtor 1 and Debtor 2 only  At least one of the debtors and another  Check if this claim relates to a community debt  Is the claim subject to offset?  Other. Specify  NSF  |        |   |  |             |
| Who incurred the debt? Check one.  □ Debtor 1 only □ Debtor 2 only □ Debtor 1 and Debtor 2 only □ At least one of the debtors and another □ Check if this claim relates to a community debt Is the claim subject to offset? □ No □ Yes □ PMORGAN CHASE BANK Nonpriority Creditor's Name 2000 MARCUS AVENUE Number Street  NEW HYDE PARK New York 11042 □ City State Zip Code □ Debtor 1 only □ Debts to pension or profit-sharing plans, and other similar debts □ Other. Specify Debt □ Debt □ Last 4 digits of account number  |        |   | — <b>=</b>   |             |
| Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this claim relates to a community debt Is the claim subject to offset?  No Yes  27  JPMORGAN CHASE BANK Nonpriority Creditor's Name 2000 MARCUS AVENUE Number Street  As of the date you file, the claim is: Check all that apply. City State City State Debts to pension or profit-sharing plans, and other similar debts When was the debt incurred?  As of the date you file, the claim is: Check all that apply. Contingent Unliquidated Disputed Who incurred the debt? Check one. Debtor 1 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this claim relates to a community debt Is the claim subject to offset?  Student loans Obligations arising out of a separation agreement or divorce that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts Is the claim subject to offset?  Student loans Obligations arising out of a separation agreement or divorce that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts Other. Specify NSF  |        | ,         | · ·  |             |
| Debtor 1 and Debtor 2 only   |        | Debtor 1 only                                   | Type of NONPRIORITY unsecured claim:                         |             |
| that you did not report as priority claims  □ Check if this claim relates to a community debt  Is the claim subject to offset?  □ No □ Yes  27 JPMORGAN CHASE BANK Nonpriority Creditor's Name 2000 MARCUS AVENUE Number Street  NEW HYDE PARK New York 11042 City State Zip Code Who incurred the debt? Check one. □ Debtor 1 only □ Debtor 2 only □ At least one of the debtors and another □ Check if this claim relates to a community debt Is the claim subject to offset?  that you did not report as priority claims □ Debts to pension or profit-sharing plans, and other similar debts □ Debts to pension or profit-sharing plans, and other similar debts □ Debts to pension or profit-sharing plans, and other similar debts □ Debts to pension or profit-sharing plans, and other similar debts □ Debts to pension or profit-sharing plans, and other similar debts □ Debts to pension or profit-sharing plans, and other similar debts □ Debts to pension or profit-sharing plans, and other similar debts □ Debts to pension or profit-sharing plans, and other similar debts □ Debts to pension or profit-sharing plans, and other similar debts □ Debts to pension or profit-sharing plans, and other similar debts □ Debts to pension or profit-sharing plans, and other similar debts □ Debts to pension or profit-sharing plans, and other similar debts □ Debts to pension or profit-sharing plans, and other similar debts □ Debts to pension or profit-sharing plans, and other similar debts □ Debts to pension or profit-sharing plans, and other similar debts □ Debts to pension or profit-sharing plans, and other similar debts □ Debts to pension or profit-sharing plans, and other similar debts □ Debts to pension or profit-sharing plans, and other similar debts □ Debts to pension or profit-sharing plans, and other similar debts □ Debts to pension or profit-sharing plans, and other similar debts □ Debts to pension or profit-sharing plans, and other similar debts □ Debts to pension or profit-sharing plans, and other similar debts □ Debts to pension or profit-sharing plan  |        | Debtor 2 only                                   | Student loans  |             |
| At least one of the debtors and another  |        | ✓ Debtor 1 and Debtor 2 only                    |  |             |
| Check if this claim relates to a community debt   Is the claim subject to offset?   ✓ Other. Specify   Debt  |        | At least one of the debtors and another         |  |             |
| Ves   Yes   Stooloo   Stooloo   Stooloo   Yes   Stooloo   Yes   Stooloo   Yes   Stooloo   Yes   Stooloo   Yes   Street   Street   When was the debt incurred?   n/a   Namber   Street   Street   Street   Street   As of the date you file, the claim is: Check all that apply.   Contingent   Unliquidated   Disputed   Disp   |        | Check if this claim relates to a community debt |  |             |
| Yes   S500.00    |        | Is the claim subject to offset?                 | ✓ Other. Specify   |             |
| Source   S   |        | ✓ No  |  |             |
| Nonpriority Creditor's Name 2000 MARCUS AVENUE Number Street  Men was the debt incurred? n/a  As of the date you file, the claim is: Check all that apply.  Contingent Unliquidated City State Zip Code Who incurred the debt? Check one.  Debtor 1 only  Debtor 2 only  At least one of the debtors and another  Check if this claim relates to a community debt Is the claim subject to offset?  When was the debt incurred? n/a  When was the debt incurred?  India incurred?  NA  As of the date you file, the claim is: Check all that apply.  Contingent Unliquidated Disputed  Type of NONPRIORITY unsecured claim:  Student loans  Obligations arising out of a separation agreement or divorce that you did not report as priority claims  Debts to pension or profit-sharing plans, and other similar debts  Other. Specify  NSF   |        | Yes   |  |             |
| When was the debt incurred?  | .27    | JPMORGAN CHASE BANK                             | Loot 4 digits of account number                              | \$500.00    |
| As of the date you file, the claim is: Check all that apply.  Contingent  Unliquidated  City State Zip Code  Who incurred the debt? Check one.  Debtor 1 only  Debtor 2 only  Debtor 1 and Debtor 2 only  At least one of the debtors and another  Check if this claim relates to a community debt  Is the claim subject to offset?  As of the date you file, the claim is: Check all that apply.  Contingent  Unliquidated  Disputed  Type of NONPRIORITY unsecured claim:  Student loans  Obligations arising out of a separation agreement or divorce that you did not report as priority claims  Debts to pension or profit-sharing plans, and other similar debts  Other. Specify NSF   |        |   |  | <u> </u>    |
| Contingent   Unliquidated   Unliquidated   Unliquidated   Disputed   Disputed   Debtor 1 only   Student loans   Obligations arising out of a separation agreement or divorce that you did not report as priority claims   Debts to pension or profit-sharing plans, and other similar debts   Step of Normal Plans   Other. Specify   Normal Plans   Normal     |        |   | when was the dept incurred?                                  |             |
| NEW HYDE PARK New York 11042 City State Zip Code Who incurred the debt? Check one. □ Debtor 1 only □ Debtor 2 only □ Debtor 1 and Debtor 2 only □ At least one of the debtors and another □ Check if this claim relates to a community debt Is the claim subject to offset? □ Unliquidated □ Disputed □ Disputed □ Type of NONPRIORITY unsecured claim: □ Student loans □ Obligations arising out of a separation agreement or divorce that you did not report as priority claims □ Debts to pension or profit-sharing plans, and other similar debts □ Other. Specify NSF   |        |   |  |             |
| City State Zip Code  Who incurred the debt? Check one.  □ Debtor 1 only □ Debtor 2 only □ Debtor 1 and Debtor 2 only □ At least one of the debtors and another □ Check if this claim relates to a community debt Is the claim subject to offset? □ Disputed  Type of NONPRIORITY unsecured claim: □ Student loans □ Obligations arising out of a separation agreement or divorce that you did not report as priority claims □ Debts to pension or profit-sharing plans, and other similar debts □ Other. Specify NSF   |        |   | Contingent   |             |
| Who incurred the debt? Check one.  ☐ Debtor 1 only ☐ Debtor 2 only ☐ Debtor 1 and Debtor 2 only ☐ At least one of the debtors and another ☐ Check if this claim relates to a community debt Is the claim subject to offset? ☐ Type of NONPRIORITY unsecured claim: ☐ Student loans ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims ☐ Debts to pension or profit-sharing plans, and other similar debts ☐ Other. Specify NSF  |        |   | Unliquidated   |             |
| □ Debtor 1 only □ Debtor 2 only □ Debtor 2 only □ Debtor 1 and Debtor 2 only □ At least one of the debtors and another □ Check if this claim relates to a community debt Is the claim subject to offset? □ Type of NONPRIORITY unsecured claim: □ Student loans □ Obligations arising out of a separation agreement or divorce that you did not report as priority claims □ Debts to pension or profit-sharing plans, and other similar debts □ Other. Specify NSF   |        | ,   | Disputed   |             |
| Debtor 1 and Debtor 2 only  At least one of the debtors and another  Check if this claim relates to a community debt  Is the claim subject to offset?  Obligations arising out of a separation agreement or divorce that you did not report as priority claims  Debts to pension or profit-sharing plans, and other similar debts  Other. Specify NSF  |        |   | Type of NONPRIORITY unsecured claim:                         |             |
| Debtor 1 and Debtor 2 only  At least one of the debtors and another  Check if this claim relates to a community debt  Is the claim subject to offset?  Obligations arising out of a separation agreement or divorce that you did not report as priority claims  Debts to pension or profit-sharing plans, and other similar debts  Other. Specify NSF  |        | Debtor 2 only                                   | Student loans  |             |
| At least one of the debtors and another  Check if this claim relates to a community debt  Is the claim subject to offset?  That you did not report as priority claims  Debts to pension or profit-sharing plans, and other similar debts  Other. Specify NSF   |        |   |  |             |
| ☐ Check if this claim relates to a community debt  Is the claim subject to offset?  ☐ Check if this claim relates to a community debt  ☐ Check if this claim relates to a community debt  ☐ Check if this claim relates to a community debt  ☐ Check if this claim relates to a community debt  ☐ Check if this claim relates to a community debt  ☐ Check if this claim relates to a community debt  ☐ Check if this claim relates to a community debt  |        | <u>'</u>  |  |             |
| Is the claim subject to offset?  Other. SpecifyNSF   |        | 블   |  |             |
| is the dailin subject to onset:  |        |   |  |             |
|  |        | No  |  |             |
| ☐ Yes  |        |   |  |             |

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| Debtor   |  | nith Case number (if known)   |             |
|----------|--|---|-------------|
| Part 2:  | Your NONPRIORITY Unsecured Claims - Contin                   | uation Page   |             |
| · are z. | After listing any entries on this page, number them beginnin |   | Total claim |
| 4.28     | Kmart Stores of IL   | Last 4 digits of account number   | \$400.00    |
| •        | Nonpriority Creditor's Name<br>3333 Beverly Rd               | When was the debt incurred?   |             |
|          | Number Street  |   |             |
|          |  | As of the date you file, the claim is: Check all that apply.  Contingent  |             |
|          | Hoffman Estates Illinois 60179                               | Unliquidated  |             |
|          | City State Zip Code  | Disputed  |             |
|          | Who incurred the debt? Check one.  Debtor 1 only             | Type of NONPRIORITY unsecured claim:  |             |
|          | Debtor 2 only  | Student loans   |             |
|          | Debtor 1 and Debtor 2 only                                   | Obligations arising out of a separation agreement or divorce  |             |
|          | At least one of the debtors and another                      | that you did not report as priority claims  Debts to pension or profit-sharing plans, and other similar                         |             |
|          | Check if this claim relates to a community debt              | debts   |             |
|          | Is the claim subject to offset?                              | ✓ Other. Specify  |             |
|          | ✓ No   |   |             |
|          | Yes  |   | <b>.</b>    |
| 4.29     | MEADE & ASSOCIATES Nonpriority Creditor's Name               | Last 4 digits of account number 5488  | \$237.00    |
|          | 737 ENTERPRISE DR Number Street                              | When was the debt incurred? 12/1/2014   |             |
|          | Number Street  | As of the date you file, the claim is: Check all that apply.  |             |
|          | WESTERVILLE Ohio 43081                                       | Contingent  |             |
|          | City State Zip Code  | Unliquidated  |             |
|          | Who incurred the debt? Check one.  Debtor 1 only             | Disputed  |             |
|          | Debtor 2 only  | Type of NONPRIORITY unsecured claim:  |             |
|          | Debtor 1 and Debtor 2 only                                   | Student loans   |             |
|          | At least one of the debtors and another                      | <ul> <li>Obligations arising out of a separation agreement or divorce<br/>that you did not report as priority claims</li> </ul> |             |
|          | Check if this claim relates to a community debt              | Debts to pension or profit-sharing plans, and other similar   |             |
|          | Is the claim subject to offset?                              | debts  001 Collection; Collecting for   |             |
|          | ✓ No   | ORIGINAL CREDITOR: THE Other. Specify KROGER CO   |             |
|          | ☐ Yes  | Other. Specify  |             |
| 4.30     | NATIONWIDE CREDIT & CO Nonpriority Creditor's Name           | Last 4 digits of account number 3333  | \$278.00    |
|          | 815 COMMERCE DR STE 270 Number Street                        | When was the debt incurred? 2/1/2013  |             |
|          | Number Street  | As of the date you file, the claim is: Check all that apply.  |             |
|          | OAK BROOK Illinois 60523                                     | Contingent  |             |
|          | City State Zip Code  | Unliquidated  |             |
|          | Who incurred the debt? Check one.  Debtor 1 only             | Disputed  |             |
|          | Debtor 2 only  | Type of NONPRIORITY unsecured claim:  |             |
|          | Debtor 1 and Debtor 2 only                                   | Student loans   |             |
|          | At least one of the debtors and another                      | Obligations arising out of a separation agreement or divorce that you did not report as priority claims                         |             |
|          | Check if this claim relates to a community debt              | Debts to pension or profit-sharing plans, and other similar   |             |
|          | Is the claim subject to offset?                              | debts   |             |
|          | ✓ No   | 001 Collection; Collecting for ORIGINAL CREDITOR:   |             |
|          | Yes  | Other. Specify <u>MEDICAL PAYMENT DATA</u>  |             |

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| ebtor 1 Russell C   | Smith Case number (if known)  |             |
|---|---|-------------|
| First Name Middle Name  | Last Name   |             |
| rt 2: Your NONPRIORITY Unsecured Claims - Cou<br>After listing any entries on this page, number them begi | •   | Total claim |
| 31 PEOPLES ENGY   | Last 4 digits of account number 7015  | \$1,314.00  |
| Nonpriority Creditor's Name<br>200 EAST RANDOLPH  | When was the debt incurred? 7/1/2014  |             |
| Number Street   |   |             |
|   | As of the date you file, the claim is: Check all that apply.  Contingent                                |             |
| CHICAGO Illinois 60601  | Unliquidated  |             |
| City State Zip Code Who incurred the debt? Check one.   | Disputed  |             |
| Debtor 1 only   | Type of NONPRIORITY unsecured claim:  |             |
| Debtor 2 only   | Student loans   |             |
| Debtor 1 and Debtor 2 only  | Obligations arising out of a separation agreement or divorce  |             |
| At least one of the debtors and another   | that you did not report as priority claims  |             |
| Check if this claim relates to a community debt   | Debts to pension or profit-sharing plans, and other similar debts                                       |             |
| Is the claim subject to offset?   | ✓ Other. Specify InstallmentLoan  |             |
|   |   |             |
| Yes  PEOPLES ENGY   |   | <b>^-</b>   |
| Nonpriority Creditor's Name   | Last 4 digits of account number 7612  | \$54.00     |
| 200 EAST RANDOLPH Number Street   | When was the debt incurred? 7/1/2016  |             |
| Number Street   | As of the date you file, the claim is: Check all that apply.  |             |
| CHICAGO Illinois 60601  | Contingent  |             |
| City State Zip Code   | Unliquidated  |             |
| Who incurred the debt? Check one.  Debtor 1 only  | Disputed  |             |
| Debtor 2 only   | Type of NONPRIORITY unsecured claim:  |             |
| ✓ Debtor 1 and Debtor 2 only  | Student loans   |             |
| At least one of the debtors and another   | Obligations arising out of a separation agreement or divorce that you did not report as priority claims |             |
| Check if this claim relates to a community debt   | Debts to pension or profit-sharing plans, and other similar   |             |
| Is the claim subject to offset?   | debts  ✓ Other. Specify InstallmentLoan   |             |
| <b>⊻</b> No   | • Otto: Opecity   |             |
| Yes   |   |             |
| 33 Sprint Nonpriority Creditor's Name   | Last 4 digits of account number   | \$1,000.00  |
| P.O. Box 219554   | When was the debt incurred?n/a  |             |
| Number Street   | As of the date you file, the claim is: Check all that apply.  |             |
| - Minarai Oliva Alianai   | Contingent  |             |
| Kansas City Missouri 64121 City State Zip Code  | Unliquidated  |             |
| Who incurred the debt? Check one.   | Disputed  |             |
| ✓ Debtor 1 only  ☐ Debtor 2 only  | Type of NONPRIORITY unsecured claim:  |             |
| Debtor 1 and Debtor 2 only  | Student loans   |             |
| At least one of the debtors and another   | Obligations arising out of a separation agreement or divorce  |             |
| Check if this claim relates to a community debt   | that you did not report as priority claims  Debts to pension or profit-sharing plans, and other similar |             |
| Is the claim subject to offset?   | debts   |             |
| No  | ✓ Other. Specify Phone Bill   |             |
| Yes   |   |             |

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| Debtor  |  | Smith Case number (if known)   |             |
|---------|--|--|-------------|
|         |  | ast Name   |             |
| Part 2: | Your NONPRIORITY Unsecured Claims - Conti                  | nuation Page   |             |
|         | After listing any entries on this page, number them beginn |  | Total claim |
| 4.34    | Stroger Hospital of Cook County                            | Last 4 digits of account number  | \$1,000.00  |
|         | Nonpriority Creditor's Name<br>1900 W Polk Street          | When was the debt incurred?  |             |
|         | Number Street  | <del></del>  |             |
|         |  | As of the date you file, the claim is: Check all that apply.   |             |
|         |  | Contingent   |             |
|         | Chicago Illinois 60612                                     | Unliquidated   |             |
|         | City State Zip Code Who incurred the debt? Check one.      | Disputed   |             |
|         | Debtor 1 only  | Type of NONPRIORITY unsecured claim:   |             |
|         | Debtor 2 only  | Student loans  |             |
|         | Debtor 1 and Debtor 2 only                                 | Obligations arising out of a separation agreement or divorce   |             |
|         | At least one of the debtors and another                    | that you did not report as priority claims   |             |
|         | Check if this claim relates to a community debt            | Debts to pension or profit-sharing plans, and other similar debts  |             |
|         | Is the claim subject to offset?                            | ✓ Other. Specify Medical Bill  |             |
|         | ✓ No   |  |             |
|         | Yes  |  |             |
| 4.35    | TIDEWATER MOTOR CREDIT                                     | Lead A Particular of a construction with an account of the construction of the constru | \$9,823.00  |
|         | Nonpriority Creditor's Name                                | Last 4 digits of account number 9886   | ψ0,020.00   |
|         | 6520 INDIAN RIVER RD Number Street                         | When was the debt incurred? 6/1/2013   |             |
|         |  | As of the date you file, the claim is: Check all that apply.   |             |
|         | VIRGINIA BEACH Virginia 23464                              | Contingent   |             |
|         | City State Zip Code  | Unliquidated   |             |
|         | Who incurred the debt? Check one.                          | Disputed   |             |
|         | Debtor 1 only  | Type of NONPRIORITY unsecured claim:   |             |
|         | Debtor 2 only  | Student loans  |             |
|         | Debtor 1 and Debtor 2 only                                 | Obligations arising out of a separation agreement or divorce   |             |
|         | At least one of the debtors and another                    | that you did not report as priority claims   |             |
|         | Check if this claim relates to a community debt            | Debts to pension or profit-sharing plans, and other similar debts  |             |
|         | Is the claim subject to offset?                            | ✓ Other. Specify 072 Automobile  |             |
|         | ✓ No   | _  |             |
|         | Yes  |  |             |
| 4.36    | TRIDENT ASSET MANAGEME Nonpriority Creditor's Name         | Last 4 digits of account number 8066   | \$108.00    |
|         | 53 PERIMETER CTR E STE 4                                   | When was the debt incurred? 1/1/2014   |             |
|         | Number Street  | As of the date you file, the claim is: Check all that apply.   |             |
|         |  | Contingent   |             |
|         | ATLANTA Georgia 30346                                      | Unliquidated   |             |
|         | City State Zip Code Who incurred the debt? Check one.      | Disputed   |             |
|         | ✓ Debtor 1 only  | Type of NONPRIORITY unsecured claim:   |             |
|         | Debtor 2 only  | <u>~</u>   |             |
|         | Debtor 1 and Debtor 2 only                                 | Student loans  |             |
|         | At least one of the debtors and another                    | Obligations arising out of a separation agreement or divorce that you did not report as priority claims  |             |
|         | Check if this claim relates to a community debt            | Debts to pension or profit-sharing plans, and other similar  |             |
|         | Is the claim subject to offset?                            | debts  |             |
|         | ✓ No   | 001 Collection; Collecting for ORIGINAL CREDITOR: CURRIE   |             |
|         | Yes  | Other. Specify MOTORS CHEVROLET  |             |

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| Debtor  |   | Smith Case number (if known)  |             |
|---------|---|---|-------------|
|         | <b>■</b>  | ast Name  |             |
| Part 2: | Your NONPRIORITY Unsecured Claims - Contin                    | nuation Page  |             |
|         | After listing any entries on this page, number them beginning | ng with 4.5, followed by 4.6, and so forth.   | Total claim |
| 4.37    | UIC Hospital  | Last A. Parks of account wombon   | \$100.00    |
|         | Nonpriority Creditor's Name                                   | Last 4 digits of account number   | Ψ.σσ.σσ     |
|         | 1740 West Taylor Street Number Street                         | When was the debt incurred?n/a  |             |
|         | Trained.  | As of the date you file, the claim is: Check all that apply.  |             |
|         | Chicago Illinois 60042  | Contingent  |             |
|         | ChicagoIllinois60612CityStateZip Code                         | Unliquidated  |             |
|         | Who incurred the debt? Check one.                             | Disputed  |             |
|         | Debtor 1 only   | Type of NONPRIORITY unsecured claim:  |             |
|         | Debtor 2 only   | Student loans   |             |
|         | Debtor 1 and Debtor 2 only                                    |   |             |
|         | At least one of the debtors and another                       | Obligations arising out of a separation agreement or divorce that you did not report as priority claims |             |
|         | Check if this claim relates to a community debt               | Debts to pension or profit-sharing plans, and other similar debts                                       |             |
|         | Is the claim subject to offset?                               | ✓ Other. Specify Medical Bill   |             |
|         | ✓ No  |   |             |
|         | Yes   |   |             |
| 4.38    | Ultra Foods Nonpriority Creditor's Name                       | Last 4 digits of account number   | \$200.00    |
|         | 3250 W. 87th Street   | When was the debt incurred?   |             |
|         | Number Street   | As of the date was file the plains in Charles II that our h   |             |
|         |   | As of the date you file, the claim is: Check all that apply.  Contingent                                |             |
|         |   |   |             |
|         | ChicagoIllinois60652CityStateZip Code                         | Unliquidated  |             |
|         | Who incurred the debt? Check one.                             | Disputed  |             |
|         | Debtor 1 only   | Type of NONPRIORITY unsecured claim:  |             |
|         | Debtor 2 only   | Student loans   |             |
|         | Debtor 1 and Debtor 2 only                                    | Obligations arising out of a separation agreement or divorce that you did not report as priority claims |             |
|         | At least one of the debtors and another                       | Debts to pension or profit-sharing plans, and other similar   |             |
|         | Check if this claim relates to a community debt               | debts   |             |
|         | Is the claim subject to offset?                               | ✓ Other. Specify  |             |
|         | ✓ No  |   |             |
|         | Yes   |   |             |
| 4.39    | VERIZON WIRELESS  |   | \$1,861.00  |
| [       | Nonpriority Creditor's Name                                   | Last 4 digits of account number   | Ψ.,σσσσ     |
|         | PO BOX 4002<br>Number Street                                  | When was the debt incurred? 6/1/2014  |             |
|         |   | As of the date you file, the claim is: Check all that apply.  |             |
|         | Acworth Georgia 30101   | Contingent  |             |
|         | City State Zip Code   | Unliquidated  |             |
|         | Who incurred the debt? Check one.  Debtor 1 only              | Disputed  |             |
|         | Debtor 1 only  Debtor 2 only                                  | Type of NONPRIORITY unsecured claim:  |             |
|         | Debtor 1 and Debtor 2 only                                    | Student loans   |             |
|         | At least one of the debtors and another                       | Obligations arising out of a separation agreement or divorce  |             |
|         | 븜   | that you did not report as priority claims  |             |
|         | Check if this claim relates to a community debt               | Debts to pension or profit-sharing plans, and other similar debts                                       |             |
|         | Is the claim subject to offset?                               | ✓ Other. Specify001 UnknownLoanType   |             |
|         |   |   |             |
|         | Yes   |   |             |

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| Debtor    | 1 Russell   | C<br>Middle Name                                     | Smith Case number (if known) Last Name  |             |
|-----------|---|--|---|-------------|
| Part 2:   | First Name Your NONPRIORITY   | Y Unsecured Claims                                   |   |             |
| r dirt 2. |   |  | n beginning with 4.5, followed by 4.6, and so forth.  | Total claim |
| 4.40      | Village of Melrose Park<br>Nonpriority Creditor's Nam<br>1 N. Broadway                                  | ne   | Last 4 digits of account number<br>When was the debt incurred?  | \$120.00    |
|           | Number Street   |  | As of the date you file, the claim is: Check all that apply.  Contingent  |             |
|           | City Who incurred the debt?   | Illinois 60160 State Zip Coo Check one.              | —— <u> </u>   |             |
|           | Debtor 1 only Debtor 2 only   |  | Type of NONPRIORITY unsecured claim:  |             |
|           | Debtor 1 and Debtor 2   | only   | Student loans   |             |
|           | At least one of the deb   | ors and another                                      | Obligations arising out of a separation agreement or divorce that you did not report as priority claims   |             |
|           |   | elates to a community deb                            | Debts to pension or profit-sharing plans, and other similar debts   |             |
|           | Is the claim subject to o No Yes  | ffset?   | Other. Specify Parking Tickets  |             |
| 4.41      | Village of Oak Park Nonpriority Creditor's Nam  | ne   | Last 4 digits of account number   | \$200.00    |
|           | P.O. Box 457<br>Number Street   |  | When was the debt incurred?   |             |
|           | City Who incurred the debt? Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 At least one of the debt  | only<br>ors and another<br>elates to a community deb | Type of NONPRIORITY unsecured claim:  Student loans  Obligations arising out of a separation agreement or divorce that you did not report as priority claims  Debts to pension or profit-sharing plans, and other similar |             |
| 4.42      | Von Maur<br>Nonpriority Creditor's Nam<br>6565 Brady Street   | ne   | Last 4 digits of account number When was the debt incurred?n/a  | \$5.00      |
|           | City Who incurred the debt? Debtor 1 only Debtor 2 only Jebtor 1 and Debtor 2 At least one of the debty | only<br>ors and another<br>elates to a community deb | Type of NONPRIORITY unsecured claim:  Student loans  Obligations arising out of a separation agreement or divorce that you did not report as priority claims  Debts to pension or profit-sharing plans, and other similar |             |

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| Debtor  | 1 Russell C  | Sm   |   | Case number (                                | if known)                              |             |  |
|---------|--|--|---|--|--|-------------|--|
|         | First Name Middle N  | lame Last  | t Name  |  |  |             |  |
| Part 2: | Your NONPRIORITY Unsecure  | d Claims - Continu   | uation Page   |  |  |             |  |
|         | After listing any entries on this page, n  | umber them beginning   | g with 4.5, followed l                                      | by 4.6, and so fo                            | rth.                                   | Total claim |  |
| 4.43    | Wal-Mart Nonpriority Creditor's Name   | Last 4 digits of account number                              |   |  | \$500.00                               |             |  |
|         | 1424 W. 47th St.   |  | When was the de   |  |  |             |  |
|         | Number Street  | As of the date you file, the claim is: Check all that apply. |   |  |  |             |  |
|         |  |  | Contingent  |  |  |             |  |
|         | Chicago Illinois   | 60609  | Unliquidated  |  |  |             |  |
|         | City State   | Zip Code   | Disputed  |  |  |             |  |
|         | Who incurred the debt? Check one.  Debtor 1 only   |  | Type of NONPRIC   | ORITY unsecured                              | d claim:                               |             |  |
|         | Debtor 2 only  |  | Student loans   |  |  |             |  |
|         | Debtor 1 and Debtor 2 only   |  |   | ising out of a sepa                          | aration agreement or divorce           |             |  |
|         | At least one of the debtors and another  Check if this claim relates to a community debt Is the claim subject to offset? |  | Debts to pension or profit-sharing plans, and other similar |  |  |             |  |
|         |  |  | debts   |  |  |             |  |
|         |  |  | ✓ Other. Specify  | De   | <u>ebt</u>                             |             |  |
|         | ✓ No   |  |   |  |  |             |  |
|         | Yes  |  |   |  |  |             |  |
| 4.44    | WELLS FARGO  |  | - Last 4 digits of a  | ccount number                                |  | \$500.00    |  |
|         | Nonpriority Creditor's Name<br>P.O. Box 25341  |  | When was the de   | -  |  |             |  |
|         | Number Street  |  |   | file the eleies i                            | - Charled that soul                    |             |  |
|         | c/o Damon Lynn Bankruptcy Specialist   |  | As of the date you  Contingent                              |  |  |             |  |
|         | Santa Ana California   | 92799  | = *   |  |  |             |  |
|         | City State  Who incurred the debt? Check one.  | Zip Code   | Unliquidated  |  |  |             |  |
|         | Debtor 1 only  |  | Disputed  |  |  |             |  |
|         | Debtor 2 only  |  | Type of NONPRIC   | ORITY unsecured                              | d claim:                               |             |  |
|         | Debtor 1 and Debtor 2 only   |  | Student loans   |  |  |             |  |
|         | At least one of the debtors and another  | r  |   | ising out of a sepa<br>ot report as priority | aration agreement or divorce or claims |             |  |
|         | Check if this claim relates to a con   | nmunity debt   | Debts to pens debts   | ion or profit-sharir                         | ng plans, and other similar            |             |  |
|         | Is the claim subject to offset?  |  | Other. Specify  | N:   | SF                                     |             |  |
|         | <u>✓</u> No  |  | • Culoi. Opcony   |  | <u> </u>                               |             |  |
|         | Yes  |  |   |  |  |             |  |

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| or 1 Russell                     |                    | С                      | Smith                | Case                 | number (if known)   |
|----------------------------------|--------------------|------------------------|----------------------|----------------------|---|
| First Name                       |                    | Middle Name            | Last Name            |                      |   |
| List Others to                   | o Be Notified      | About a Debt T         | hat You Already      | Listed               |   |
|                                  |                    |                        |                      |                      |   |
| Use this page only               | if you have othe   | rs to be notified ab   | out your bankrupto   | y, for a debt that y | ou already listed in Parts 1 or 2. For example, if a        |
| collection agency is             | s trying to collec | t from you for a del   | ot you owe to some   | one else, list the o | original creditor in Parts 1 or 2, then list the collection |
| agency here. Similar             | ly, if you have m  | ore than one credit    | or for any of the de | bts that you listed  | d in Parts 1 or 2, list the additional creditors here. If   |
| ou do not have ad                | ditional persons   | s to be notified for a | any debts in Parts 1 | or 2, do not fill o  | out or submit this page.                                    |
|                                  |                    |                        |                      |                      |   |
| Rush Medical                     |                    |                        |                      |                      | 4.0. Palasasa Pat tha analysis along Ptano                  |
| Name                             |                    |                        | On which en          | ry in Part 1 or Par  | t 2 did you list the original creditor?                     |
| 1700 W Van Buren                 |                    |                        | Line 4.30            | of (Check            | Part 1: Creditors with Priority Unsecured Claim             |
| Number Street                    |                    |                        | <del></del>          | one):                | ✓ Part 2: Creditors with Nonpriority Unsecured              |
| - Street                         |                    |                        |                      | ,                    | Claims  |
| Chicago                          | Illinois           | 60612                  | Last 4 digits        | of account numb      | er <u>3333</u>  |
| City                             | State              | Zip Code               |                      |                      |   |
| Gottlieb Memorial Ho             | ospital            |                        |                      |                      |   |
| Name                             | •                  |                        | On which ent         | ry in Part 1 or Par  | t 2 did you list the original creditor?                     |
| 701 M North Avo                  |                    |                        | Line 4.22            | of (Check            | Part 1: Creditors with Priority Unsecured Claim             |
| 701 W North Ave<br>Number Street |                    |                        |                      | one):                |   |
| Number Street                    |                    |                        |                      | oney.                | ✓ Part 2: Creditors with Nonpriority Unsecured Claims       |
| Melrose Park                     | Illinois           | 60160                  | Last 4 digits        | of account numb      | er 8763   |
| City                             | State              | Zip Code               |                      |                      |   |
| Arnold Scott Harris F            | PC                 |                        |                      |                      |   |
| Name                             |                    |                        | On which ent         | ry in Part 1 or Par  | t 2 did you list the original creditor?                     |
| 111 W Jackson # 600              | 1                  |                        | Line 4.7             | of (Check            | Part 1: Creditors with Priority Unsecured Claim             |
| Number Street                    |                    |                        |                      | one):                | Part 2: Creditors with Nonpriority Unsecured                |
|                                  |                    |                        |                      |                      | Claims  |
| Chicago                          | Illinois           | 60604                  | Last 4 digits        | of account numb      |   |
| City                             | State              | Zip Code               | = <b>gc</b>          |                      | ·   |
| Meijer                           |                    | ·                      |                      |                      |   |
| Name                             |                    |                        | On which ent         | ry in Part 1 or Par  | t 2 did you list the original creditor?                     |
|                                  |                    |                        | Line 45              | -1 /011              |   |
| PO BOX 960015                    |                    |                        | Line 4.5             | of (Check            | Part 1: Creditors with Priority Unsecured Claim             |
| Number Street                    |                    |                        |                      | one):                | ✓ Part 2: Creditors with Nonpriority Unsecured              |
|                                  |                    |                        |                      |                      | Claims  |
| Orlando                          | Florida            | 32896                  | Last 4 digits        | of account numb      | er  |
|                                  |                    |                        |                      |                      | - <u> </u>  |

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Russell Smith Debtor 1 Case number (if known) Add the Amounts for Each Type of Unsecured Claim Part 4: Total the amounts of certain types of unsecured claims. This information is for statistical reporting purposes only. 28 U.S.C. §159. Add the amounts for each type of unsecured claim. **Total claims** \$0.00 Total claims 6a. Domestic support obligations. from Part 1 \$2,749.80 6b. Taxes and certain other debts you owe the government 6c. Claims for death or personal injury while you were \$0.00 intoxicated \$0.00 6d. Other. Add all other priority unsecured claims. Write that amount here. \$2,749.80 6e. Total. Add lines 6a through 6d. 6e. **Total claims** \$0.00 **Total claims** 6f. Student loans 6f. from Part 2 6g. Obligations arising out of a separation agreement or \$0.00 divorce that you did not report as priority claims 6h. Debts to pension or profit-sharing plans, and other similar 6h. \$42,107.00 6i. Other. Add all other nonpriority unsecured claims. Write that amount here. \$42,107.00 6j. Total. Add lines 6f through 6i. 6j.

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| Debtor 1          | Russell                   | С           | Smith                |
|-------------------|---------------------------|-------------|----------------------|
|                   | First Name                | Middle Name | Last Name            |
| Debtor 2          | Lageria                   | K           | Jones-Smith          |
| (Spouse, if filir | ng) First Name            | Middle Name | Last Name            |
| United States     | Bankruptcy Court for the: | Northern    | District of Illinois |
|                   |                           |             | (State)              |

#### Official Form 106G

| Check if this is an |
|---------------------|
| amended filing      |

#### Schedule G: Executory Contracts and Unexpired Leases

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the additional page, fill it out, number the entries, and attach it to this page. On the top of any additional pages, write your name and case number (if known).

- 1. Do you have any executory contracts or unexpired leases?
  - No. Check this box and file this form with the court with your other schedules. You have nothing else to report on this form.
- Yes. Fill in all of the information below even if the contracts or leases are listed on Schedule A/B: Property (Official Form 106A/B).
- 2. List separately each person or company with whom you have the contract or lease. Then state what each contract or lease is for (for example, rent, vehicle lease, cell phone). See the instructions for this form in the instruction booklet for more examples of executory contracts and unexpired leases.

Person or company with whom you have the contract or lease

State what the contract or lease is for

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| Fill in this information to identify your case: |            |             |                              |  |  |  |  |
|---|------------|-------------|------------------------------|--|--|--|--|
| Debtor 1  | Russell    | С           | Smith                        |  |  |  |  |
|   | First Name | Middle Name | Last Name                    |  |  |  |  |
| Debtor 2  | Lageria    | K           | Jones-Smith                  |  |  |  |  |
| (Spouse, if filing) First Name                  |            | Middle Name | Last Name                    |  |  |  |  |
| United States Bankruptcy Court for the:         |            | Northern    | District of Illinois (State) |  |  |  |  |
| Case number (If known)                          |            |             |                              |  |  |  |  |

| П | Check if this is an |
|---|---------------------|
|   | amended filing      |

#### Official Form 106H

#### **Schedule H: Your Codebtors**

12/15

Codebtors are people or entities who are also liable for any debts you may have. Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the Additional Page, fill it out, and number the entries in the boxes on the left. Attach the Additional Page to this page. On the top of any Additional Pages, write your name and case number (if known). Answer every question.

| 1. | Do you have any codebtors? (If you are filing a joint case, do not list either spouse as a code No Yes  | debtor.)   |  |  |  |  |  |
|----|---|--|--|--|--|--|--|
| 2. | <ul> <li>Within the last 8 years, have you lived in a community property state or territory? (Community property states and territories include Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, and Wisconsin.)</li> <li>No. Go to line 3.</li> <li>Yes. Did your spouse, former spouse, or legal equivalent live with you at the time?</li> <li>No</li> </ul> |  |  |  |  |  |  |
|    | Yes. In which community state or territory did you live? Fill in Name of your spouse, former spouse, or legal equivalent  Number Street   | the name and current address of that person                                      |  |  |  |  |  |
| 3. | City State Zip Code  In Column 1, list all of your codebtors. Do not include your spouse as a codebtor if you again as a codebtor only if that person is a guarantor or cosigner. Make sure you have Schedule E/F (Official Form 106E/F), or Schedule G (Official Form 106G). Use Schedule  | re listed the creditor on Schedule D (Official Form 106D),                       |  |  |  |  |  |
|    | Column 1: Your codebtor   | Column 2: The creditor to whom you owe the debt  Check all schedules that apply: |  |  |  |  |  |

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|                            |  | Doci   | ument Page 44                                  | of 90   |
|----------------------------|--|--|--|---|
| Fill in this               | information to identify                      | your case:                                     |  |   |
| Debtor 1                   | Russell<br>First Name                        | C<br>Middle Name                               | Smith<br>Last Name                             | _   |
| Debtor 2                   | Lageria                                      | K  | Jones-Smith                                    | Check if this is:   |
|                            | ling) First Name s Bankruptcy Court for the: | Middle Name  Northern                          | Last Name  District of Illinois (State)        | An amended filing  A supplement showing post-petition chapter 13 expenses as of the following date:   |
| Case numbe<br>(If known)   | er   |  |  | MM / DD / YYYY  |
| Official                   | Form 106I                                    |  |  |   |
| Sched                      | ule I: Your Inc                              | ome  |  | 12/15   |
| equally res<br>with you, i | sponsible for supply include information a   | ing correct informati<br>about your spouse. If | on. If you are married<br>you are separated ar | together (Debtor 1 and Debtor 2), both are and not filing jointly, and your spouse is living and your spouse is not filing with you, do not |

include information about your spouse. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

#### Part 1: Describe Employment **Debtor 1** Debtor 2 1. Fill in your employment information. **Employment status** ✓ Employed ✓ Employed If you have more than one Not Employed Not Employed job, attach a separate page with Forklift Operator Cook Occupation information about additional employers. Employer's name Essendant Industrial LLC THC - Chicago, Inc Include part time, seasonal, **Employer's address** 1 Parkway North Blvd Ste 100 680 South Fourth St Number Street Number Street self-employed work. Occupation may include student or homemaker, if it applies. Deerfield Illinois 60015 Louisville Kentucky 40202 City State Zip Code City State Zip Code 5 years 8 months 12 years How long employed there? **Give Details About Monthly Income** Estimate monthly income as of the date you file this form. If you have nothing to report for any line, write \$0 in the space. Include your non-filing spouse unless you are separated. If you or your non-filing spouse have more than one employer, combine the information for all employers for that person on the lines below. If you need more space, attach a separate sheet to this form. For Debtor 2 or For Debtor 1 non-filing spouse 2. List monthly gross wages, salary, and commissions (before all payroll \$2,533.87 \$2,549.50 deductions.) If not paid monthly, calculate what the monthly wage would be. 3. Estimate and list monthly overtime pay. + \$0.00 + \$0.00 4. Calculate gross income. Add line 2 + line 3. \$2,533.87 \$2,549.50

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| Denic                 | Or 1 Russell   |   | Look Name          | Case number (          | t known)                          |       |                         |
|-----------------------|--|---|--------------------|------------------------|-----------------------------------|-------|-------------------------|
|                       | First Name   | Middle Name   | Last Name          | For Debtor 1           | For Debtor 2 or non-filing spouse |       |                         |
| Co                    | py line 4 here   |   | 4.                 | \$2,533.87             | \$2,549.50                        |       |                         |
|                       | t all payroll deduction  | s:  |                    |                        |                                   |       |                         |
|                       |  | ocial Security deductions   | 5a.                | \$213.33               | \$182.89                          |       |                         |
| 5b                    | . Mandatory contribut  | tions for retirement plans  | 5b.                | \$0.00                 | \$0.00                            |       |                         |
| 5c.                   | . Voluntary contribution   | ons for retirement plans  | 5c.                | \$0.00                 | \$0.00                            |       |                         |
| 5d                    | . Required repayment   | s of retirement fund loans  | 5d.                | \$0.00                 | \$0.00                            |       |                         |
| 5e                    | . Insurance  |   | 5e.                | \$405.56               | \$282.51                          |       |                         |
| 5f.                   | Domestic support of  | oligations  | 5f.                | \$0.00                 | \$0.00                            |       |                         |
| 5g                    | . Union dues   |   | 5g.                | \$0.00                 | \$0.00                            |       |                         |
| 5h                    | . Other deductions. S  | pecify: Health Savings Account  | 5h. +              | \$125.02 +             | \$128.03                          |       |                         |
| 6. <b>Add</b><br>+5h. | d the payroll deductio   | <b>ns.</b> Add lines 5a + 5b + 5c + 5d + 5e +5f -   | + 5g 6.            | \$743.90               | <u>\$593.43</u>                   |       |                         |
| 7. Cal                | culate total monthly to  | ake-home pay. Subtract line 6 from line 4   | 7.                 | \$1,789.9 <u>7</u>     | \$1,956.07                        |       |                         |
| 8. <b>Lis</b> t       | t all other income regu  | ularly received:  |                    |                        |                                   |       |                         |
| 8a                    | business, profession   |   | _                  |                        |                                   |       |                         |
|                       |  | each property and business showing gross<br>necessary business expenses, and the tota   |                    | \$0.00                 | \$0.00                            |       |                         |
| 8b                    | . Interest and dividen   | ds  | 8b.                | \$0.00                 | \$0.00                            |       |                         |
| 8c.                   | dependent regularly<br>Include alimony, spous  | al support, child support, maintenance,   |                    | <b>#</b> 0.00          | <b>#0.00</b>                      |       |                         |
| 0.1                   | divorce settlement, and  |   | 8c.                | \$0.00                 | \$0.00                            |       |                         |
|                       | . Unemployment com   | pensation   | 8d.                | \$0.00                 | \$0.00                            |       |                         |
|                       | Social Security  | aiatawa a that wax wa mulambu na aire   | 8e.                | \$0.00                 | \$0.00                            |       |                         |
|                       | Include cash assistance<br>assistance that you rece<br>the Supplemental Nutri<br>subsidies | sistance that you regularly receive<br>e and the value (if known) of any non-cash<br>eive, such as food stamps (benefits under<br>tition Assistance Program) or housing | or.                | <b>#0.00</b>           | <b>#0.00</b>                      |       |                         |
|                       |  |   | _                  | \$0.00                 | \$0.00                            |       |                         |
| U                     | . Pension or retireme  |   | 8g.                | \$0.00<br>\$0.00       | \$0.00                            |       |                         |
|                       |  | ne. Specify:  |                    | \$0.00 +               | \$0.00                            |       |                         |
| 9. <b>Ad</b>          | a all other income Add   | d lines 8a + 8b + 8c + 8d + 8e + 8f +8g + 8   | 3h. 9. <u> </u>    | \$0.00                 | \$0.00                            |       | _                       |
|                       | Ilculate monthly incond the entries in line 10 f   | <b>ne.</b> Add line 7 + line 9.<br>or Debtor 1 and Debtor 2 or non-filing spo   | 10                 | \$1,789.97             | \$1,956.07                        | =     | \$3,746.04              |
| Inc<br>rel            | clude contributions from a latives.  | ontributions to the expenses that you an unmarried partner, members of your ho ts already included in lines 2-10 or amounts   | usehold, your depe | ndents, your roommates |                                   |       |                         |
| Sp                    | pecify:  |   |                    |                        |                                   | 11. + | \$0.00                  |
|                       |  | ast column of line 10 to the amount in  |                    |                        |                                   | 12.   | \$3,746.04              |
|                       |  | •   | •                  | ,                      | ••                                |       | Combined monthly income |
| 13. <b>D</b>          | o you expect an increa   | se or decrease within the year after yo   | u file this form?  |                        |                                   |       |                         |
| F                     | <b>=</b>   |   |                    |                        |                                   |       | <del></del>             |
| L                     | Yes. Explain:  |   |                    |                        |                                   |       |                         |

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| Fill in this inform                | nation to identify                 | your case:      |                                  |  |                    |                     |                     |
|------------------------------------|------------------------------------|-----------------|----------------------------------|--|--------------------|---------------------|---------------------|
| Debtor 1                           | Russell                            |                 | С                                | Smith  |                    |                     |                     |
|                                    | First Name                         |                 | Middle Name                      | Last Name  |                    |                     |                     |
| Debtor 2                           | Lageria                            |                 | K                                | Jones-Smith  | Check if this is:  |                     |                     |
| (Spouse, if filing                 | ) First Name                       |                 | Middle Name                      | Last Name  | An amended filin   | g                   |                     |
| United States B                    | ankruptcy Court                    | for the: Nor    | thern                            | District of Illinois   | A supplement sh    | owina post-r        | petition chapter 13 |
|                                    |                                    |                 |                                  | (State)  | expenses as of the | •                   | •                   |
| Case number (If known)             |                                    |                 |                                  |  |                    |                     |                     |
| (ii kilowii)                       |                                    |                 |                                  |  | MM / DD / YYYY     | <del>/</del>        |                     |
| Official F                         | orm 10                             | <u>6J</u>       |                                  |  |                    |                     |                     |
| Schedul                            | e J: You                           | r Expe          | nses                             |  |                    |                     | 12/1                |
|                                    | nore space is n                    | eeded, attach   |                                  | are filing together, both are equall<br>s form. On the top of any addition |                    |                     |                     |
| Part 1: Desc                       | ribe Your Ho                       | ousehold        |                                  |  |                    |                     |                     |
| 1. Is this a join                  | t case?                            |                 |                                  |  |                    |                     |                     |
| No. Go                             | to line 2                          |                 |                                  |  |                    |                     |                     |
| ✓ Yes. Do                          | es Debtor 2 live                   | e in a separat  | te household?                    |  |                    |                     |                     |
|                                    | No                                 |                 |                                  |  |                    |                     |                     |
|                                    | Yes. Debtor 2                      | must file Offic | ial Forms 106J-2, <i>Expe</i>    | enses for Separate Household of Del  | otor 2.            |                     |                     |
| 2. Do you have dependents?         | _                                  | <b>✓</b> No     |                                  | ·  |                    |                     |                     |
| Do not list De Debtor 2.           | ebtor 1 and                        |                 | out this information for pendent | Dependent's relationship to<br>Debtor 1 or Debtor 2                        | Dependent's age    | Does de<br>with you | pendent live<br>?   |
|                                    | enses include<br>f people other    | <b>✓</b> No     |                                  |  |                    |                     |                     |
| than<br>yourself and<br>dependents | •                                  | Yes             |                                  |  |                    |                     |                     |
|                                    |                                    | igoing Mor      | nthly Expenses                   |  |                    |                     |                     |
|                                    | of a date after th                 |                 |                                  | s you are using this form as a sup<br>upplemental Schedule J, check th     |                    |                     |                     |
|                                    |                                    |                 |                                  | e if you know the value of<br>ne (Official Form B 106I.)                   |                    |                     | Your expenses       |
|                                    | or home owners<br>the ground or lo |                 | s for your residence.            | Include first mortgage payments and  |                    | 4.                  | \$800.00            |
| If not inclu                       | uded in line 4:                    |                 |                                  |  |                    |                     |                     |
| 4a. Real es                        | tate taxes                         |                 |                                  |  |                    | 4a                  | \$0.00              |
| 4b. Propert                        | y, homeowner's,                    | or renter's ins | urance                           |  |                    |                     | \$0.00              |
|                                    | •                                  |                 |                                  |  |                    | 4b.                 | <del></del>         |
| 4c. Home n                         | naintenance, repa                  | an, and upkeep  | expenses                         |  |                    | 4c.                 | \$0.00              |

4d. Homeowner's association or condominium dues

4d.

\$0.00

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Smith

Debtor 1 Russell Case number (if known) First Name Middle Name Last Name Your expenses 5. Additional mortgage payments for your residence, such as home equity loans \$0.00 5. 6. Utilities: 6a. Electricity, heat, natural gas \$400.00 6a. 6b. Water, sewer, garbage collection \$0.00 6b. 6c. Telephone, cell phone, Internet, satellite, and cable services \$300.00 6c. 6d. Other. Specify: \$0.00 6d 7. Food and housekeeping supplies \$500.00 7. 8. Childcare and children's education costs \$0.00 8. 9. Clothing, laundry, and dry cleaning 9. \$200.00 10. Personal care products and services 10. \$300.00 11. Medical and dental expenses \$200.00 11. 12. Transportation. Include gas, maintenance, bus or train fare. \$425.00 12. Do not include car payments 13. Entertainment, clubs, recreation, newspapers, magazines, and books \$0.00 13. 14. Charitable contributions and religious donations \$0.00 14. Do not include insurance deducted from your pay or included in lines 4 or 20. 15a. Life insurance \$0.00 15a 15b. Health insurance \$0.00 15b 15c. Vehicle insurance 15c \$101.00 15d. Other insurance. Specify: \_\_\_ 15d \$0.00 16. Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20. Specify: \$0.00 16 17. Installment or lease payments: 17a. Car payments for Vehicle 1 17a \$0.00 17b. Car payments for Vehicle 2 17b \$0.00 17c. Other. Specify: \_\_ \$0.00 17c 17d. Other. Specify: \$0.00 17d 18. Your payments of alimony, maintenance, and support that you did not report as deducted from \$0.00 your pay on line 5, Schedule I, Your Income (Official Form 106I). 18. 19. Other payments you make to support others who do not live with you. Specify: \$0.00 19. 20.Other real property expenses not included in lines 4 or 5 of this form or on Schedule I: Your Income. 20a. Mortgages on other property \$0.00 20a 20b. Real estate taxes. \$0.00 20h 20c. Property, homeowner's, or renter's insurance \$0.00 20c 20d. Maintenance, repair, and upkeep expenses. \$0.00 20d 20e. Homeowner's association or condominium dues \$0.00 20e

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| Debtor 1       | Russell   | С                         | Smith                        | Case number (if known) |     |            |
|----------------|---|---------------------------|------------------------------|------------------------|-----|------------|
|                | First Name  | Middle Name               | Last Name                    |                        |     |            |
| 21.Other       | . Specify:  |                           |                              |                        | 21  | \$0.00     |
|                |   |                           |                              |                        |     |            |
| 22. Calcu      | late your monthly expenses.   |                           |                              |                        |     | \$3,226.00 |
| 22a. <i>A</i>  | add lines 4 through 21.   |                           |                              |                        |     | \$0.00     |
| 22b. C         | Copy line 22 (monthly expenses for                                    | or Debtor 2), if any, fro | m Official Form 106J-2       |                        |     | \$3,226.00 |
| 22c. A         | dd line 22a and 22b. The result is                                    | s your monthly expens     | ses.                         |                        | 22. |            |
| 23.Calcu       | late your monthly net income.   | •                         |                              |                        |     |            |
| 23a. C         | Copy line 12 (your combined mon                                       | thly income) from Sch     | edule I.                     |                        | 23a | \$3,746.04 |
| 23b. C         | Copy your monthly expenses from                                       | line 22 above.            |                              |                        | 23b | \$3,226.00 |
| 23c. S         | subtract your monthly expenses fro                                    | om your monthly incor     | me.                          |                        |     | \$520.04   |
|                | The result is your monthly net inc                                    | ome.                      |                              |                        | 23c |            |
| 24 <b>Do</b> w | ou expect an increase or decre  | ase in vour expens        | es within the year after you | file this form?        |     |            |
| 24. DO yo      | ou expect an increase of decre  | ase ili your experis      | es within the year after you | The this form:         |     |            |
|                | example, do you expect to finish p<br>gage payment to increase or dec |                           |                              |                        |     |            |
| <b>1</b>       | No  |                           |                              |                        |     |            |
|                | ′es   |                           |                              |                        |     |            |
| ш.             | 63  |                           |                              |                        |     |            |
|                | Explain here:   |                           |                              |                        |     |            |
|                |   |                           |                              |                        |     |            |
|                |   |                           |                              |                        |     |            |
|                |   |                           |                              |                        |     |            |
|                |   |                           |                              |                        |     |            |
|                |   |                           |                              |                        |     |            |
|                |   |                           |                              |                        |     |            |

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|---|--------------------------------------|---|--|--|-----------------|--------------------------------------|---|-------|
| Fill in this inform   | nation to identify y                 | our case:   |  |  |                 |                                      |   |       |
| Debtor 1  | Russell<br>First Name                |   | C<br>Middle Name                         | Smith<br>Last Name                                   |                 |                                      |   |       |
| Debtor 2<br>(Spouse, if filing  | Lageria<br>First Name                |   | K<br>Middle Name                         | Jones-Smith<br>Last Name                             | 0               | Check if this is:  An amended filing | g   |       |
|   | ankruptcy Court fo                   | or the: Northe  | ern                                      | District of Illinois (State)                         | [               | A supplement she expenses as of the  | owing post-petition chapter 13<br>ne following date:    | 3     |
| Case number<br>(If known)   |                                      |   |  |  |                 | MM / DD / YYYY                       | <u> </u>  |       |
| Official F  | orm 10                               | 6J-2  |  |  |                 |                                      |   |       |
| Schedul   | e J-2: Ex                            | cpenses   | for Separ                                | ate Househo  | old of De       | ebtor 2                              |   | 12/15 |
| expenses for Dothis form. On the Part 1: Desc   | ebtor 2 that are                     | not reported or<br>ditional pages, vousehold<br>in separate hou | Schedule J. Be as<br>write your name and |  | as possible. If | more space is ne                     | is form only with respect to eded, attach another sheet |       |
| ✓ Yes.  |                                      |   |  |  |                 |                                      |   |       |
| 2. Do you have dependents?  | е                                    | <b>✓</b> No   |  |  |                 |                                      |   |       |
| Do not list De<br>all other depe<br>Debtor 2 reg<br>whether listed<br>dependent of<br>Schedule J. | ardless of<br>d as a                 | Yes. Fill ou each deper   | t this information for dent              | Dependent's relation<br>Debtor 2                     | nship to        | Dependent's age                      | Does dependent live with you?                           |       |
| Only list depe  | endents<br>the dependents'           |   |  |  |                 |                                      |   |       |
| names.  3. Do your expenses of than yourse dependents   | f people other<br>If and your        | ✓ No ☐ Yes  |  |  |                 |                                      |   |       |
| Part 2: Estin   | nate Your On                         | going Month   | ly Expenses                              |  |                 |                                      |   |       |
| •   | expenses as of y<br>a date after the |   | •  | you are using this form                              | as a suppleme   | ent in a Chapter 13                  | case to report  |       |
|   |                                      |   |  | if you know the value o<br>e (Official Form B 106l.) | f               |                                      | Your expenses   |       |
|   | r home ownersh                       |   | r your residence. In                     | clude first mortgage paym                            | ents and        |                                      | \$0   | 0.00  |

If not included in line 4: 4a. Real estate taxes

4b. Property, homeowner's, or renter's insurance

4c. Home maintenance, repair, and upkeep expenses

4d. Homeowner's association or condominium dues

\$0.00

\$0.00

\$0.00

\$0.00

4a

4b.

4c.

4d.

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| Debtor 1 Russell First Name   | C<br>Middle Name                 | Smith<br>Last Name           | Case number (if known) |     |               |
|---|----------------------------------|------------------------------|------------------------|-----|---------------|
|   |                                  |                              |                        |     | Your expenses |
| 5. Additional mortgage paymer   | nts for your residence, such     | h as home equity loans       |                        | 5.  | \$0.00        |
| 6. Utilities:   |                                  |                              |                        |     |               |
| 6a. Electricity, heat, natural ga                                     | as                               |                              |                        | 6a. | \$0.00        |
| 6b. Water, sewer, garbage co  | llection                         |                              |                        | 6b. | \$0.00        |
| 6c. Telephone, cell phone, Inte                                       | ernet, satellite, and cable serv | vices                        |                        | 6c. | \$0.00        |
| 6d. Other. Specify:   |                                  |                              |                        | 6d  | \$0.00        |
| 7. Food and housekeeping sup  | oplies                           |                              |                        | 7.  | \$0.00        |
| 8. Childcare and children's edu                                       | ucation costs                    |                              |                        | 8.  | \$0.00        |
| 9. Clothing, laundry, and dry cl                                      | eaning                           |                              |                        | 9.  | \$0.00        |
| 10. Personal care products and  | d services                       |                              |                        | 10. | \$0.00        |
| 11. Medical and dental expense  | es                               |                              |                        | 11. | \$0.00        |
| 12. Transportation. Include gas                                       | , maintenance, bus or train fa   | are.                         |                        |     | \$0.00        |
| Do not include car payments   |                                  |                              |                        | 12. |               |
| 13. Entertainment, clubs, recre                                       |                                  | ines, and books              |                        | 13. | \$0.00        |
| 14. Charitable contributions a  | nd religious donations           |                              |                        | 14. | \$0.00        |
| <ol> <li>Insurance.</li> <li>Do not include insurance dedu</li> </ol> | ucted from your pay or include   | ed in lines 4 or 20.         |                        |     |               |
| 15a. Life insurance   |                                  |                              |                        | 15a | \$0.00        |
| 15b. Health insurance   |                                  |                              |                        | 15b | \$0.00        |
| 15c. Vehicle insurance  |                                  |                              |                        | 15c | \$0.00        |
| 15d. Other insurance. Specify:  | :                                |                              |                        | 15d | \$0.00        |
| 16. Taxes. Do not include taxes d                                     | educted from your pay or incl    | uded in lines 4 or 20.       |                        |     |               |
| Specify:  |                                  |                              |                        | 16. | \$0.00        |
| 17. Installment or lease paymer                                       | nts:                             |                              |                        | 10. |               |
| 17a. Car payments for Vehicle   |                                  |                              |                        | 17a | \$0.00        |
| 17b. Car payments for Vehicle   | 2                                |                              |                        | 17b | \$0.00        |
| 17c. Other. Specify:  |                                  |                              |                        | 17c | \$0.00        |
| 17d. Other. Specify:  |                                  |                              |                        | 17d | \$0.00        |
| 18. Your payments of alimony,   | maintenance, and suppor          | t that you did not report as | s deducted from        |     | \$0.00        |
| your pay on line 5, Schedu  | le I, Your Income (Official F    | Form 106I).                  |                        | 18. |               |
| 19. Other payments you make t   | o support others who do r        | not live with you.           |                        |     |               |
|   |                                  |                              |                        | 19. | \$0.00        |
| 20.Other real property expense  |                                  | or 5 of this form or on Sche | dule I: Your Income.   |     |               |
| 20a. Mortgages on other prop  | erty                             |                              |                        | 20a | \$0.00        |
| 20b. Real estate taxes 20b.   |                                  |                              |                        | 20b | \$0.00        |
| 20c. Property, homeowner's, o   |                                  |                              |                        | 20c | \$0.00        |
| 20d. Maintenance, repair, and   | upkeep expenses 20d.             |                              |                        | 20d | \$0.00        |
| 20e. Homeowner's association  | n or condominium dues            |                              |                        | 20e | \$0.00        |

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| Debtor 1 Russ              |                           | C<br>Middle Name      | Smith<br>Last Name   | Case number (if known) |     |        |
|----------------------------|---------------------------|-----------------------|--|------------------------|-----|--------|
| 21.Specify:                |                           | Widdle (Valle)        |  |                        | 21  | \$0.00 |
| The result is total expens | es for Debtor 1 and Debto | Debtor 2. Copy the re | esult to line 22b of Schedule                                    | J to calculate the     | 22. | \$0.00 |
| 23.Line not use            | d on this form.           |                       |  |                        |     |        |
| 24. Do you exp             | ect an increase or decr   | ease in your expens   | ses within the year after yo                                     | ou file this form?     |     |        |
|                            |                           |                       | an within the year or do you e<br>modification to the terms of y |                        |     |        |
| ✓ No                       |                           |                       |  |                        |     |        |
| Yes                        |                           |                       |  |                        |     |        |
|                            | Explain here:             |                       |  |                        |     |        |
|                            |                           |                       |  |                        |     |        |
|                            |                           |                       |  |                        |     |        |
|                            |                           |                       |  |                        |     |        |
|                            |                           |                       |  |                        |     |        |
|                            |                           |                       |  |                        |     |        |

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| Fill in this information to identify your case: |            |             |                      |  |  |  |  |  |  |
|---|------------|-------------|----------------------|--|--|--|--|--|--|
| Debtor 1  | Russell    | С           | Smith                |  |  |  |  |  |  |
|   | First Name | Middle Name | Last Name            |  |  |  |  |  |  |
| Debtor 2  | Lageria    | K           | Jones-Smith          |  |  |  |  |  |  |
| (Spouse, if filing)                             | First Name | Middle Name | Last Name            |  |  |  |  |  |  |
| United States Bankruptcy Court for the:         |            | Northern    | District of Illinois |  |  |  |  |  |  |
| Case number (If known)                          |            |             | (State)              |  |  |  |  |  |  |

#### Official Form 106Dec

| Check if this is a |
|--------------------|
| amended filing     |

#### **Declaration About an Individual Debtor's Schedules**

12/15

If two married people are filing together, both are equally responsible for supplying correct information.

You must file this form whenever you file bankruptcy schedules or amended schedules. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

| Pai | t1: Sign Below  |   |  |  |  |  |  |  |
|-----|---|---|--|--|--|--|--|--|
|     | Did you pay or agree to pay someone who is NOT an attorney to help you fill out bankruptcy forms?   |   |  |  |  |  |  |  |
|     | <b>☑</b> No   |   |  |  |  |  |  |  |
|     | Yes. Name of person   | Attach Bankruptcy Petition Preparer's Notice, Declaration, and Signature (Official Form 119). |  |  |  |  |  |  |
|     |   |   |  |  |  |  |  |  |
|     |   |   |  |  |  |  |  |  |
|     | Under penalty of perjury, I declare that I have read the summary at that they are true and correct. | nd schedules filed with this declaration and  |  |  |  |  |  |  |
| ×   | /s/ Russell Smith   | ✗ /s/ Lageria Jones-Smith   |  |  |  |  |  |  |
|     | Signature of Debtor 1   | Signature of Debtor 2   |  |  |  |  |  |  |
|     | Date <b>9/30/2016</b>   | Date <b>9/30/2016</b>   |  |  |  |  |  |  |
|     | MM/DD/YYYY  | MM/DD/YYYY  |  |  |  |  |  |  |

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| Fill in this inforr    | nation to identify your cas | e:          |                      |
|------------------------|-----------------------------|-------------|----------------------|
| Debtor 1               | Russell                     | С           | Smith                |
|                        | First Name                  | Middle Name | Last Name            |
| Debtor 2               | Lageria                     | K           | Jones-Smith          |
| (Spouse, if filing     | g) First Name               | Middle Name | Last Name            |
| United States E        | Bankruptcy Court for the:   | Northern    | District of Illinois |
|                        |                             |             | (State)              |
| Case number (If known) |                             |             |                      |

#### Official Form 107

Check if this is an amended filing

#### Statement of Financial Affairs for Individuals Filing for Bankruptcy

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

| Part | t1: Give Details About Your Marital Status and Where You Lived Before |                                      |                 |                        |  |               |          |          |                             |  |
|------|---|--------------------------------------|-----------------|------------------------|--|---------------|----------|----------|-----------------------------|--|
| 1.   | Wh  | What is your current marital status? |                 |                        |  |               |          |          |                             |  |
|      | <b>✓</b>  | ✓ Married  Not married               |                 |                        |  |               |          |          |                             |  |
| 2.   | Dui   | ring the last 3 ye                   | ars, have yo    | ou lived anywhere      | other than where you live  | now?          |          |          |                             |  |
|      | <b>✓</b>  | No<br>Yes. List all of th            | e places you    | lived in the last 3 ye | ears. Do not include where yo  | ou live now.  |          |          |                             |  |
|      |   | Debtor 1:                            |                 |                        | Dates Debtor 1 lived there   | Debtor 2:     |          |          | Dates Debtor 2 lived there  |  |
|      |   |                                      |                 |                        |  | Same as I     | Debtor 1 |          | Same as Debtor 1            |  |
|      |   | Number Street                        |                 |                        | From   | Number Street |          |          | From                        |  |
|      |   |                                      |                 |                        | То   |               |          |          | То                          |  |
|      |   | City                                 | State           | Zip Code               |  | City          | State    | Zip Code |                             |  |
|      |   |                                      |                 |                        |  | Same as I     | Debtor 1 |          | Same as Debtor 1            |  |
|      |   | Number Street                        |                 |                        | From   | Number Stree  | t        |          | From                        |  |
|      |   |                                      |                 |                        | To   | -             |          |          | То                          |  |
|      |   | City                                 | State           | Zip Code               |  | City          | State    | Zip Code |                             |  |
|      | territo   | ories include Ariza<br>No            | ona, California | a, Idaho, Louisiana,   | ouse or legal equivalent in<br>Nevada, New Mexico, Puer<br>btors (Official Form 106H). |               |          |          | mmunity property states and |  |
|      |   | ŕ                                    |                 |                        | ,  |               |          |          |                             |  |

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| Deb  | tor 1                 |  | Smitl  |   | Case number (if known)                                 |  |
|------|-----------------------|--|--|---|--|--|
|      |                       | Ī  | e Name Last N  | ame   |  |  |
| Part | 2:                    | Explain the Sources of Your  | Income   |   |  |  |
|      | Fill i                | you have any income from employn<br>in the total amount of income you receiv<br>vities. If you are filing a joint case and yo<br>No<br>Yes. Fill in the details.   | ed from all jobs and all busir   | nesses, including part-tim  | ne .   | dar years?   |
|      |                       |  | Debtor 1   |   | Debtor 2   |  |
|      |                       |  | Sources of income<br>Check all that apply.   | Gross income<br>(before deductions a<br>exclusions)                       | Sources of income and Check all that apply.            | Gross income<br>(before deductions and<br>exclusions)            |
|      |                       | rom January 1 of current year until<br>ne date you filed for bankruptcy:   | Wages, commissions, bonuses, tips Operating a business   | \$44358.60  | Wages, commissions, bonuses, tips Operating a business |  |
|      |                       | For last calendar year: January 1 to December 31, 2015   | ✓ Wages, commissions, bonuses, tips ☐ Operating a business                                     | \$50000.00  | Wages, commissions, bonuses, tips Operating a business |  |
|      |                       | For the calendar year before that:  January 1 to December 31, 2014   | ✓ Wages, commissions, bonuses, tips ☐ Operating a business                                     | \$50000.00  | Wages, commissions, bonuses, tips Operating a business |  |
| <br> | Inclu<br>bene<br>case | you receive any other income during use income regardless of whether that in efit payments; pensions; rental income; it is and you have income that you received each source and the gross income from No  Yes. Fill in the details. | come is taxable. Examples on<br>terest; dividends; money co<br>together, list it only once und | of other income are alimo<br>ollected from lawsuits; roy<br>der Debtor 1. | alties; and gambling and lottery                       |  |
|      |                       |  | Debtor 1   |   | Debtor 2   |  |
|      |                       |  | Sources of income<br>Describe below.   | Gross income freeach source<br>(before deductions<br>exclusions)          | Describe below.  | Gross income from each source (before deductions and exclusions) |
|      |                       | From January 1 of current year until the date you filed for bankruptcy:  |  |   |  |  |
|      |                       | For last calendar year:  January 1 to December 31, 2015  YYYY  | )  |   |  |  |
|      |                       | For the calendar year before that:  January 1 to December 31, 2014  YYYYY  | Σ  |   |  |  |
|      |                       |  |  |   |  |  |

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|              | irst Name      |               | Middle Name                                      | Last Name                     | case nu  | ilibei (ii known)               |                             |
|--------------|----------------|---------------|--|-------------------------------|--|---------------------------------|-----------------------------|
|              |                | Daves         |  |                               | Dankauntau   |                                 |                             |
| 3: L         | ist Certain    | Payment       | is fou Made B                                    | sefore You Filed for          | вапкгиртсу   |                                 |                             |
| Are eitl     | her Debtor 1'  | s or Debto    | r 2's debts prima                                | rily consumer debts?          |  |                                 |                             |
| No           |                |               | <b>Debtor 2 has prin</b><br>, family, or househo |                               | Consumer debts are define  | d in 11 U.S.C. § 101(8) as "inc | curred by an individual     |
|              | During the 9   | 90 days befo  | ore you filed for ban                            | nkruptcy, did you pay any c   | reditor a total of \$6,425* or r   | more?                           |                             |
|              | No. Go         | to line 7.    |  |                               |  |                                 |                             |
|              | t              | otal amount   | you paid that credi                              | itor. Do not include payme    | 5* or more in one or more pa<br>nts for domestic support obl<br>to an attorney for this bankru | ligations, such as              |                             |
|              | * Subject to   | adjustment    | on 4/01/19 and eve                               | ery 3 years after that for ca | ses filed on or after the date   | e of adjustment.                |                             |
| <b>✓</b> Yes | s. Debtor 1 o  | r Debtor 2    | or both have prir                                | marily consumer debts.        |  |                                 |                             |
|              | During the 9   | 90 days befo  | ore you filed for ban                            | nkruptcy, did you pay any c   | reditor a total of \$600 or mo   | re?                             |                             |
|              | ✓ No. Go       | to line 7.    |  |                               |  |                                 |                             |
|              | t              | hat creditor. | Do not include pay                               |                               | or more and the total amoun<br>ort obligations, such as child<br>his bankruptcy case.          |                                 |                             |
|              |                |               |  | Dates of payment              | Total amount paid  | Amount you still owe            | Was this payment for        |
| Cr           | reditor's Name | <u>.</u>      |  |                               |  | -                               | Mortgage                    |
| _            |                |               |  |                               |  |                                 | Car                         |
| INC          | umber Street   |               |  |                               |  |                                 | Credit card  Loan repayment |
| -            |                |               |  |                               |  |                                 | Suppliers or                |
| Ci           | ty             | State         | Zip Code   |                               |  |                                 | vendors Other               |
| Cr           | reditor's Name | e             | <u>-</u>   |                               |  |                                 | Mortgage                    |
| Nı           | umber Street   |               |  |                               |  |                                 | Car Credit card             |
| _            | arribor Otroot |               |  |                               |  |                                 | Loan repayment              |
| <u></u>      | 4.             | Ctata         | 7:- Cada   |                               |  |                                 | Suppliers or                |
| Ci           | ıty            | State         | Zip Code   |                               |  |                                 | vendors  Other              |
| Cr           | reditor's Name | e             | _  |                               |  |                                 | Mortgage Car                |
| Nu           | umber Street   |               |  |                               |  |                                 | Credit card                 |
| _            |                |               |  |                               |  |                                 | Loan repayment              |
| Ci           | ty             | State         | Zip Code   |                               |  |                                 | Suppliers or vendors        |
| ٥.           | ,              |               | L  |                               |  |                                 | Other                       |

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| ebtor 1               | Russell                                       |  | С                                      | Sn                                   | nith               | Case number (                                  | if known)  |
|-----------------------|---|--|--|--------------------------------------|--------------------|--|--|
|                       | First Name                                    |  | Middle Name                            | Las                                  | st Name            |  |  |
| Insic<br>corp<br>ager | lers include your rel<br>orations of which yo | atives; any g<br>ou are an offic<br>a business y | eneral partners;<br>cer, director, per | relatives of any rson in control, or | owner of 20% or mo | tnerships of which y<br>ore of their voting se | ho was an insider? rou are a general partner; curities; and any managing mestic support obligations, |
| $ \mathbf{V} $        | No<br>Yes. List all paymer                    | nts to an insid                                  | der.                                   |                                      |                    |  |  |
|                       |   |  |  | Dates of payment                     | Total amount paid  | Amount you still owe                           | Reason for this payment  |
|                       | Insider's Name                                |  |  |                                      |                    |  |  |
|                       | Number Street                                 |  |  |                                      |                    |  |  |
|                       | City S  | State  | Zip Code                               |                                      |                    |  |  |
|                       | Insider's Name                                |  | _                                      |                                      |                    |  |  |
|                       | Number Street                                 |  |  |                                      |                    |  |  |
|                       | City S  | State  | Zip Code                               |                                      |                    |  |  |
| Inclu                 |   | ots guarantee                                    | ed or cosigned b                       |                                      | Total amount       | Amount you                                     | n account of a debt that benefited an  Reason for this payment                                       |
|                       |   |  |  | payment                              | paid               | still owe                                      | Include creditor's name  |
|                       | Insider's Name                                |  |  |                                      |                    |  |  |
|                       | Number Street                                 |  |  |                                      |                    |  |  |
|                       | City S  | State  | Zip Code                               |                                      |                    |  |  |
|                       | Insider's Name                                |  |  |                                      |                    |  |  |
|                       | Number Street                                 |  |  |                                      |                    |  |  |
|                       | - Tarribor Otroot                             |  |  |                                      |                    |  |  |
|                       | City S  | State  | Zip Code                               |                                      |                    |  |  |

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| Deb  | tor 1  | Russell<br>First Name  | C<br>Mic                               | ddle Name                        | Smith<br>Last Name                                       | Cas                                     | se number <i>(if kn</i>           | own)                              |                                   |
|------|--------|--|--|----------------------------------|--|---|-----------------------------------|-----------------------------------|-----------------------------------|
| Part | 4:     | Identify Legal   | Actions, Rep                           | ossession                        | s, and Foreclosures                                      | 1                                       |                                   |                                   |                                   |
|      | List a | in 1 year before youll such matters, included act disputes.  | ou filed for bank<br>uding personal in | ruptcy, were y<br>jury cases, sm | ou a party in any lawsui<br>all claims actions, divorces | t, court action,<br>s, collection suits | or administra<br>s, paternity act | ative proceeding ions, support or | ng?<br>custody modifications, and |
|      |        | Yes. Fill in the detai   | ls.                                    |                                  |  |   |                                   |                                   |                                   |
|      |        |  |  |                                  | ure of the case  | Court or ag                             | jency                             |                                   | Status of the case                |
|      |        | Case title   |  | Evic                             | tion   | Cook Count<br>Court Name                | y Circuit Court                   |                                   | Pending On appeal                 |
|      |        | Case number 2015-M1-350467   |  |                                  |  | 50 West Wa<br>NumberStre<br>Chicago     | shington Stree<br>et<br>Illinois  | 60602                             | Concluded                         |
|      |        |  |  |                                  |  | City                                    | State                             | Zip Code                          |                                   |
|      |        | Case title   |  |                                  |  | Court Name                              |                                   |                                   | Pending                           |
|      |        | Case number  |  |                                  |  | NumberStre                              |                                   |                                   | On appeal Concluded               |
|      |        |  |  |                                  |  |   |                                   |                                   |                                   |
|      |        |  |  |                                  |  | City                                    | State                             | Zip Code                          |                                   |
|      |        | No. Go to line 11.  Yes. Fill in the information of | rmation below.                         |                                  | Describe the proper                                      |   |                                   | Date                              | Value of the property             |
|      |        | TIDEWATER MO   | TOR CREDIT                             |                                  | 2012 Chrysler 200 su                                     | rrendered                               |                                   | 06/2016                           | \$9200                            |
|      |        |  |  |                                  | Explain what happe                                       | ned                                     |                                   |                                   |                                   |
|      |        | 6520 INDIAN RIV  | /ER RD                                 |                                  |  |   |                                   |                                   |                                   |
|      |        | Number Street  |  |                                  | ✓ Property was rep                                       | ossessed.                               |                                   |                                   |                                   |
|      |        |  |  |                                  | Property was fore  |   |                                   |                                   |                                   |
|      |        | VIRGINIA<br>BEACH  | Virginia                               | 23464                            | Property was gar   |   | r levied.                         |                                   |                                   |
|      |        | City   | State                                  | Zip Code                         |  |   |                                   |                                   |                                   |
|      |        |  |  |                                  | Describe the proper                                      | rty                                     |                                   | Date                              | Value of the property             |
|      |        | Creditor's Name  |  |                                  |  |   |                                   |                                   |                                   |
|      |        |  |  |                                  | Explain what happe                                       | ned                                     |                                   |                                   |                                   |
|      |        | Number Street  |  |                                  | _  |   |                                   |                                   |                                   |
|      |        |  |  |                                  | Property was rep   |   |                                   |                                   |                                   |
|      |        |  |  |                                  | Property was fore  |   |                                   |                                   |                                   |
|      |        | City   | Ctoto                                  | Zin Codo                         | Property was gar   |   | r loviad                          |                                   |                                   |
|      |        | City   | State                                  | Zip Code                         | Property was atta  | ıcı iea, seizea, o                      | i ieviea.                         |                                   |                                   |

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| Debt | tor 1    | Russell<br>First Name                                      | C<br>Middle Name          | Smith<br>Last Name          | Case number (if known)          |                          |                     |
|------|----------|--|---------------------------|-----------------------------|---------------------------------|--------------------------|---------------------|
| 11.  |          | hin 90 days before you file<br>ounts or refuse to make a p |                           |                             | ank or financial institution, s | et off any amou          | nts from your       |
|      | <b>✓</b> | No<br>Yes. Fill in the details.                            |                           |                             |                                 |                          |                     |
|      |          |  |                           | Describe the action the     | e creditor took                 | Date action was taken    | Amount              |
|      |          | Creditor's Name  |                           |                             |                                 |                          |                     |
|      |          | Number Street  |                           | Last 4 digits of account no | umber: XXXX-                    |                          |                     |
|      |          | City State   | Zip Code                  |                             |                                 |                          |                     |
| 12.  |          | hin 1 year before you filed ointed receiver, a custodia    |                           | of your property in the p   | ossession of an assignee for    | or the benefit of        | creditors, a court- |
|      | <b>✓</b> | No<br>Yes  |                           |                             |                                 |                          |                     |
| Part |          | List Certain Gifts and                                     |                           |                             |                                 |                          |                     |
| 13.  | Wi       | thin 2 years before you file                               | ed for bankruptcy, did yc | ou give any gifts with a to | tal value of more than \$600    | per person?              |                     |
|      |          | Yes. Fill in the details for ea                            | ach gift.                 |                             |                                 |                          |                     |
|      |          | Gifts with a total value of per person                     | more than \$600           | Describe the gifts          |                                 | Dates you gave the gifts | Value               |
|      |          | Person to Whom You Gave                                    | the Gift                  |                             |                                 |                          |                     |
|      |          |  |                           |                             |                                 |                          |                     |
|      |          | Number Street  |                           |                             |                                 |                          |                     |
|      |          | City State Person's relationship to you                    | Zip Code                  |                             |                                 |                          |                     |
|      |          | Person to Whom You Gave                                    | the Gift                  |                             |                                 |                          |                     |
|      |          | Number Street  |                           |                             |                                 |                          |                     |
|      |          | City State  Person's relationship to you                   | Zip Code                  |                             |                                 |                          |                     |

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| Deb  | tor 1 | Russell<br>First Name  | C<br>Middle Name                                       | Smith<br>Last Name   | Case number (if known)         |                                   |                   |
|------|-------|--|--|--|--------------------------------|-----------------------------------|-------------------|
| 14.  | Wit   | hin 2 years before you                                       | filed for bankruptcy did                               | you give any gifts or contrib  | utions with a total value of   | more than \$600 t                 | o any charity?    |
| 1-7. |       | No   | med for bankruptcy, did                                | you give any gins or contino   | utions with a total value of   | more than \$000 t                 | o any charty:     |
|      | Ħ     |  | r each gift or contribution.                           |  |                                |                                   |                   |
|      |       | Gifts or contributions that total more than \$               |  | Describe what you conti  | ributed                        | Date you contributed              | Value             |
|      |       |  |  |  |                                |                                   |                   |
|      |       | Charity's Name   |  |  |                                |                                   |                   |
|      |       |  |  | •  |                                |                                   |                   |
|      |       | Number Street  |  | -  |                                |                                   |                   |
|      |       | City   | te Zip Code  |  |                                |                                   |                   |
|      |       | City Stat  | •  |  |                                |                                   |                   |
| Part | 6:    | List Certain Losse   | S  |  |                                |                                   |                   |
| 13.  |       | bling?  No  Yes. Fill in the details.  Describe the property | you lost and   | Describe any insurance   | coverage for the loss          | Date of your                      | Value of property |
|      |       | how the loss occurred  | 1  | Include the amount that ins pending insurance claims<br>A/B: Property. |                                | loss                              | lost              |
|      |       |  |  |  |                                |                                   |                   |
|      |       |  | or preparing a bankrupt<br>ptcy petition preparers, or | cy petition?<br>credit counseling agencies for s                       | services required in your bank | ruptcy.                           |                   |
|      |       |  |  | Description and value of transferred                                   | f any property                 | Date payment or transfer was made | Amount of payment |
|      |       | Semrad Law Firm  |  | Attorney's Fee - 350.00  |                                | 9/30/2016                         | \$350.00          |
|      |       | Person Who Was Paid  | Ott. Elece   |  |                                |                                   |                   |
|      |       | 20 South Clark Street 28<br>Number Street                    | 8th Fioor  |  |                                |                                   |                   |
|      |       |  |  |  |                                |                                   |                   |
|      |       | Chicago Illino   | ois 60606  |  |                                |                                   |                   |
|      |       | City Stat  |  |  |                                |                                   |                   |
|      |       | Email or website addres                                      | SS   |  |                                |                                   |                   |
|      |       | Person Who Made the F  | Payment, if Not You                                    |  |                                |                                   |                   |
|      |       | Person Who Was Paid  |  |  |                                |                                   |                   |
|      |       | Number Street  |  |  |                                |                                   |                   |
|      |       | City Stat  | te Zip Code  |  |                                |                                   |                   |
|      |       | Email or website addres                                      | SS   |  |                                |                                   |                   |
|      |       | Person Who Made the F  | Payment, if Not You                                    |  |                                |                                   |                   |

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| Deb | tor 1    | Russell   | С                   |   | ase number (if known) |                                       |                                 |
|-----|----------|---|---------------------|---|-----------------------|---------------------------------------|---------------------------------|
|     |          | First Name  | Middle Name         | Last Name   |                       |                                       |                                 |
| 17. | help     | hin 1 year before you filed for by you deal with your creditors not include any payment or trans  No  Yes. Fill in the details. | or to make payments |   | alf pay or transfer   | any property to any                   | one who promised to             |
|     | ш        | res. I ili ili the details.   |                     |   |                       | _                                     |                                 |
|     |          |   |                     | Description and value of any pro transferred      | perty                 |                                       | Amount of payment               |
|     |          | Person Who Was Paid   |                     |   |                       |                                       |                                 |
|     |          | Number Street   |                     |   |                       |                                       |                                 |
|     |          | City State  | Zip Code            |   |                       |                                       |                                 |
|     |          | City State  | Zip Code            |   |                       |                                       |                                 |
|     |          | ude both outright transfers and to sfers that you have already listed No Yes. Fill in the details.                              |                     | rity (such as the granting of a security          |                       |                                       | Do not include gifts and        |
|     |          |   |                     | Description and value of any property transferred |                       | y property or<br>eceived or debts pai | Date<br>id transfer was<br>made |
|     |          | Person Who Received Transfe   | er                  |   |                       |                                       |                                 |
|     |          | Number Street   |                     |   |                       |                                       |                                 |
|     |          | City State<br>Person's relationship to you  | Zip Code            |   |                       |                                       |                                 |
|     |          | Person Who Received Transfe   | er                  |   |                       |                                       |                                 |
|     |          | Number Street   |                     |   |                       |                                       |                                 |
|     |          | City State<br>Person's relationship to you  | Zip Code            |   |                       |                                       |                                 |
| 19. |          | hin 10 years before you filed ese are often called asset-protec   |                     | ou transfer any property to a self-se             | ttled trust or simil  | ar device of which y                  | you are a beneficiary?          |
|     | <b>V</b> | No<br>Yes. Fill in the details.   |                     |   |                       |                                       |                                 |
|     | Ц        | res. Fill III the detalls.  |                     | Description and value of the pro                  | operty transferred    |                                       | Date transfer was made          |
|     |          | Name of trust   |                     |   |                       |                                       |                                 |

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| Debt | or 1 | Russell                      |                  | С                    | Smith                            | Case          | number (if known)      |  | _                                |
|------|------|------------------------------|------------------|----------------------|----------------------------------|---------------|------------------------|--|----------------------------------|
|      |      | First Name                   |                  | Middle Name          | Last Name                        |               |                        |  |                                  |
| Part | 8:   | List Certain F               | Financial A      | ccounts, Ins         | struments, Safe Deposit E        | Boxes, and    | Storage Units          |  |                                  |
|      | mov  | ed, or transferr             | ed?              |                      | ere any financial accounts or in |               |                        |  |                                  |
|      | coop | peratives, associa           | tions, and othe  | er financial institu | utions.                          |               |                        |  |                                  |
|      | П    | No                           |                  |                      |                                  |               |                        |  |                                  |
|      |      | Yes. Fill in the de          | etails           |                      |                                  |               |                        |  |                                  |
|      |      | res. I ili ili ili de        | idiio.           |                      | Last 4 digits of account         | Type of       | account or             | Date   | Last balance                     |
|      |      |                              |                  |                      | number                           | instrum       |                        | account was<br>closed, sold,<br>moved, or<br>transferred | before<br>closing or<br>transfer |
|      |      | JPMORGAN CH                  |                  |                      | XXXX-0000                        | <b>✓</b> Che  | cking                  | 03/2016  | \$ 0.00                          |
|      |      | Person Who Wa                |                  |                      |                                  | Savi          | _                      | 00,20.0  | Ψ 0.00                           |
|      |      | 2000 MARCUS<br>Number Street | AVENUE           |                      | <del>_</del>                     |               | _                      |  |                                  |
|      |      | Number Street                |                  |                      |                                  |               | ey market              |  |                                  |
|      |      |                              |                  |                      | _                                |               | rerage                 |  |                                  |
|      |      | NEW HYDE<br>PARK             | New York         | 11042                |                                  | Othe          | er                     |  |                                  |
|      |      | City                         | State            | Zip Code             | <del>_</del>                     |               |                        |  |                                  |
|      |      |                              |                  |                      | _ XXXX-                          | ☐ Che         | cking                  |  |                                  |
|      |      | Person Who Was               | s Paid           |                      |                                  | Savi          | _                      |  |                                  |
|      |      | Number Street                |                  |                      |                                  | Mon           | ey market              |  |                                  |
|      |      | -                            |                  |                      | _                                | Brok          | erage                  |  |                                  |
|      |      |                              |                  |                      |                                  | Othe          | er                     |  |                                  |
|      |      | City                         | State            | Zip Code             | _                                |               |                        |  |                                  |
|      | -    | City                         | State            | Zip Code             |                                  |               |                        |  |                                  |
|      | othe | er valuables?                | r did you hav    | e within 1 year      | before you filed for bankruptcy, | any safe dep  | osit box or other dep  | oository for secur                                       | ities, cash, or                  |
|      |      | No Fill to the other         | ( - T -          |                      |                                  |               |                        |  |                                  |
|      | Ш    | Yes. Fill in the de          | etails.          |                      |                                  |               |                        |  |                                  |
|      |      |                              |                  |                      | Who else had access to it?       |               | Describe the conte     | ents   | Do you still have it?            |
|      |      | Name of Financ               | cial Institution |                      | Name                             |               |                        |  | ☐ No                             |
|      |      | Number Street                |                  |                      | Number Street                    |               |                        |  | Yes                              |
|      |      |                              |                  |                      |                                  | 7'- O- I-     |                        |  |                                  |
|      |      |                              |                  |                      | City State 2                     | Zip Code      |                        |  |                                  |
|      |      | City                         | State            | Zip Code             |                                  |               |                        |  |                                  |
| 22.  | Have | e you stored pro             | perty in a sto   | rage unit or pla     | ace other than your home withi   | n 1 year befo | re you filed for bankr | uptcy?   |                                  |
|      | _    |                              |                  |                      | •                                | •             | •                      |  |                                  |
|      |      | No Fill to the other         | 4-9-             |                      |                                  |               |                        |  |                                  |
|      | Ш    | Yes. Fill in the de          | etalis.          |                      |                                  |               |                        |  | -                                |
|      |      |                              |                  |                      | Who else had access to it?       |               | Describe the conte     | ents   | Do you still have it?            |
|      |      |                              |                  |                      |                                  |               |                        |  | nave it:                         |
|      |      | Name of Storag               | ıe Facility      |                      | Name                             |               |                        |  | ☐ No                             |
|      |      |                              |                  |                      |                                  |               |                        |  | Yes                              |
|      |      | Number Street                |                  |                      | Number Street                    |               |                        |  | _                                |
|      |      |                              |                  |                      | City Oteste                      | 7in Cod-      |                        |  |                                  |
|      |      |                              |                  |                      | City State 2                     | Zip Code      |                        |  |                                  |
|      |      | City                         | State            | Zip Code             |                                  |               |                        |  |                                  |

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|             | First Name Middle Name  | Last Name  |   |                |
|-------------|---|--|---|----------------|
| rt 9:       | Identify Property You Hold or Con   | trol for Someone Else  |   |                |
| Do          | you hold or control any property that some  | eone else owns? Include any property   | you borrowed from, are storing for, or hold   | in trust for   |
| so          | meone.  |  |   |                |
| <b>✓</b>    | No  |  |   |                |
|             | Yes. Fill in the details.   |  |   |                |
|             |   | Where is the property?   | Describe the contents   | Value          |
|             |   |  |   |                |
|             | Owner's Name  | Number Street  |   |                |
|             | Number Street   | ·  |   |                |
|             |   |  |   |                |
|             |   | City State Zip Cod   | <del>de</del>   |                |
|             | City State Zip Code   |  |   |                |
|             | •   |  |   | _              |
| rt 10:      | Give Details About Environmenta   | I Information  |   |                |
| or the      | purpose of Part 10, the following definitions appl  | y:   |   |                |
|             | Environmental law means any federal, state, or  | ocal statute or regulation concerning pollu  | tion, contamination, releases of  |                |
|             | hazardous or toxic substances, wastes, or mater   |  |   |                |
| İ           | including statutes or regulations controlling the o   | cleanup of these substances, wastes, or m  | naterial.   |                |
|             | Site means any location, facility, or property as de  | efined under any environmental law, whether  | er you now own, operate, or utilize it  |                |
|             | or used to own, operate, or utilize it, including di  | sposal sites.  |   |                |
|             | Hazardous material means anything an environn   | nental law defines as a hazardous waste, h   | azardous substance,   |                |
|             |   |  |   |                |
| 1           | toxic substance, hazardous material, pollutant, c   | ontaminant, or similar term.   | ,   |                |
|             |   |  |   |                |
|             | toxic substance, hazardous material, pollutant, call notices, releases, and proceedings that you k  |  |   |                |
| eport       | all notices, releases, and proceedings that you k   | now about, regardless of when they occurr  |   | ?              |
| eport       | all notices, releases, and proceedings that you k   | now about, regardless of when they occurr  | red.  | ?              |
| eport       | all notices, releases, and proceedings that you k   | now about, regardless of when they occurr  | red.  | ?              |
| eport       | all notices, releases, and proceedings that you k as any governmental unit notified you that you No   | now about, regardless of when they occurr  | red.  | ?<br>Date of   |
| eport       | all notices, releases, and proceedings that you k as any governmental unit notified you that you No   | now about, regardless of when they occurrous may be liable or potentially liable ur  | red.<br>nder or in violation of an environmental law                                  |                |
| eport       | all notices, releases, and proceedings that you k as any governmental unit notified you that you No Yes. Fill in the details.   | now about, regardless of when they occurr ou may be liable or potentially liable ur Governmental unit  | red.<br>nder or in violation of an environmental law                                  | Date of        |
| eport       | all notices, releases, and proceedings that you k as any governmental unit notified you that you No   | now about, regardless of when they occurrous may be liable or potentially liable ur  | red.<br>nder or in violation of an environmental law                                  | Date of        |
| eport       | all notices, releases, and proceedings that you k as any governmental unit notified you that you No Yes. Fill in the details.   | now about, regardless of when they occurr ou may be liable or potentially liable ur Governmental unit  | red.<br>nder or in violation of an environmental law                                  | Date of        |
| eport       | all notices, releases, and proceedings that you k as any governmental unit notified you that you No Yes. Fill in the details.  Name of site   | now about, regardless of when they occurred unit  Governmental unit  Governmental unit  Number Street  | red.  nder or in violation of an environmental law  Environmental law, if you know it | Date of        |
| eport       | all notices, releases, and proceedings that you k as any governmental unit notified you that you No Yes. Fill in the details.  Name of site   | now about, regardless of when they occurr ou may be liable or potentially liable ur  Governmental unit  Governmental unit  | red.  nder or in violation of an environmental law  Environmental law, if you know it | Date of        |
| eport       | all notices, releases, and proceedings that you k as any governmental unit notified you that you No Yes. Fill in the details.  Name of site   | now about, regardless of when they occurred unit  Governmental unit  Governmental unit  Number Street  | red.  nder or in violation of an environmental law  Environmental law, if you know it | Date of        |
| eport       | all notices, releases, and proceedings that you keeps any governmental unit notified you that you have a same of site.  Name of site  Number Street  City State Zip Code  | Governmental unit  Governmental unit  Number Street  City State Zip Coo  | red.  nder or in violation of an environmental law  Environmental law, if you know it | Date of        |
| eport       | all notices, releases, and proceedings that you k as any governmental unit notified you that you No Yes. Fill in the details.  Name of site  Number Street  | Governmental unit  Governmental unit  Number Street  City State Zip Coo  | red.  nder or in violation of an environmental law  Environmental law, if you know it | Date of        |
| eport       | all notices, releases, and proceedings that you keeps any governmental unit notified you that you have a same of site.  Name of site  Number Street  City State Zip Code  | Governmental unit  Governmental unit  Number Street  City State Zip Coo  | red.  nder or in violation of an environmental law  Environmental law, if you know it | Date of        |
| eport  . Ha | all notices, releases, and proceedings that you k as any governmental unit notified you that you No Yes. Fill in the details.  Name of site  Number Street  City State Zip Code  Inve you notified any governmental unit of any   | Governmental unit  Governmental unit  Number Street  City State Zip Coo  | red.  nder or in violation of an environmental law  Environmental law, if you know it | Date of        |
| eport       | all notices, releases, and proceedings that you keeps any governmental unit notified you that you like any governmental unit notified you that you like any | Governmental unit  Governmental unit  Number Street  City State Zip Coo  | red.  nder or in violation of an environmental law  Environmental law, if you know it | Date of        |
| eport       | all notices, releases, and proceedings that you keeps any governmental unit notified you that you like any governmental unit notified you that you like any | Governmental unit  Governmental unit  Number Street  City State Zip Coor   | Environmental law, if you know it   | Date of notice |
| eport       | all notices, releases, and proceedings that you keeps any governmental unit notified you that you have a solution of the second | Governmental unit  Governmental unit  City State Zip Coor  y release of hazardous material?  | Environmental law, if you know it   | Date of notice |
| eport       | all notices, releases, and proceedings that you keeps any governmental unit notified you that you like any governmental unit notified you that you like any | Governmental unit  Governmental unit  Number Street  City State Zip Coor   | Environmental law, if you know it   | Date of notice |
| eport       | all notices, releases, and proceedings that you keeps any governmental unit notified you that you have a solution of the second | Governmental unit  Governmental unit  City State Zip Coor  y release of hazardous material?  | Environmental law, if you know it   | Date of notice |
| eport       | all notices, releases, and proceedings that you keeps any governmental unit notified you that you leave you. No  Yes. Fill in the details.  Name of site  Number Street  City State Zip Code  In the you notified any governmental unit of any leave you notified any governmental unit of any leave you. Yes. Fill in the details.   | Governmental unit  Governmental unit  City State Zip Coor  Governmental unit  Governmental unit  Governmental unit  City State Zip Coor  Or release of hazardous material?         | Environmental law, if you know it   | Date of notice |
| eport       | all notices, releases, and proceedings that you keeps any governmental unit notified you that you leave you. No  Yes. Fill in the details.  Name of site  Number Street  City State Zip Code  In the you notified any governmental unit of any leave you notified any governmental unit of any leave you. Yes. Fill in the details.   | Governmental unit  Governmental unit  City State Zip Coor  Governmental unit  Governmental unit  Governmental unit  City State Zip Coor  Or release of hazardous material?         | Environmental law, if you know it  Environmental law, if you know it                  | Date of notice |
| eport       | all notices, releases, and proceedings that you keeps any governmental unit notified you that you leave you. No  Yes. Fill in the details.  Name of site  Number Street  City State Zip Code  In the you notified any governmental unit of any leave you notified any governmental unit of any leave you. Yes. Fill in the details.   | Governmental unit  Governmental unit  City State Zip Coordinates of hazardous material?  Governmental unit  Governmental unit  Number Street  Governmental unit  Governmental unit | Environmental law, if you know it  Environmental law, if you know it                  | Date of notice |

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| Deb  | tor 1    | Russell               |                       | С                      | Smith                           | Case                  | number (if known)                    |                |
|------|----------|-----------------------|-----------------------|------------------------|---------------------------------|-----------------------|--------------------------------------|----------------|
|      |          | First Name            |                       | Middle Name            | Last Name                       |                       | ·                                    |                |
|      |          |                       |                       |                        |                                 |                       |                                      |                |
| 26.  | Hav      | e you been a party    | <i>y</i> in any judic | ial or administra      | ative proceeding under          | any environmenta      | I law? Include settlements and order | S.             |
|      | <b>V</b> | No                    |                       |                        |                                 |                       |                                      |                |
|      | H        |                       | ila                   |                        |                                 |                       |                                      |                |
|      | ш        | Yes. Fill in the deta | IIIS.                 |                        |                                 |                       |                                      |                |
|      |          |                       |                       |                        | Court or agency                 |                       | Nature of the case                   | Status of the  |
|      |          |                       |                       |                        |                                 |                       |                                      | case           |
|      |          | Case title            |                       |                        |                                 |                       |                                      | Dan dia a      |
|      |          |                       |                       | <del></del>            | Court Nama                      |                       |                                      | Pending        |
|      |          |                       |                       | <del></del>            | Court Name                      |                       |                                      | On appeal      |
|      |          | Case number           |                       | <del>-</del>           | Number Street                   |                       |                                      |                |
|      |          | Case number           |                       |                        | ramber offect                   |                       |                                      | Concluded      |
|      |          |                       |                       |                        | 0:-                             | 7'- 0- 1-             |                                      |                |
|      |          |                       |                       |                        | City State                      | Zip Code              |                                      |                |
| Dart | 11:      | Give Details A        | hout Your             | Rusiness or            | Connections to An               | v Rusiness            |                                      |                |
| ган  |          | Give Details A        | ibout ioui            | Dusiness of            | Connections to An               | ly Dusiliess          |                                      |                |
| 27   | \A/;4I   | nin 4 voore hefere    | vou filed for         | hankruntav did         | vou own a business or           | have any of the fe    | llowing connections to any business  | .2             |
| 27.  | VVIII    | nin 4 years before    | you filed for         | bankruptcy, did        | you own a business or           | nave any or the ro    | bllowing connections to any business | o f            |
|      |          | A sole propriet       | tor or self-emp       | loved in a trade       | profession, or other activit    | v either full-time or | nart-time                            |                |
|      |          |                       |                       | -                      |                                 |                       | part and                             |                |
|      |          |                       |                       | y company (LLC)        | ) or limited liability partners | snip (LLP)            |                                      |                |
|      |          | A partner in a        | partnership           |                        |                                 |                       |                                      |                |
|      |          | An officer, dire      | ctor, or mana         | ging executive of      | a corporation                   |                       |                                      |                |
|      |          | An owner of at        | t least 5% of th      | ne voting or equity    | y securities of a corporatio    | n                     |                                      |                |
|      | _        | _                     |                       |                        |                                 |                       |                                      |                |
|      | ✓        | No. None of the abo   |                       |                        |                                 |                       |                                      |                |
|      |          | Yes. Check all that a | apply above a         | nd fill in the detail: | s below for each business       |                       |                                      |                |
|      |          |                       |                       |                        | Describe the natu               | re of the busines     | s Employer Identification n          | umber Do not   |
|      |          |                       |                       |                        | 2000                            |                       | include Social Security no           |                |
|      |          |                       |                       |                        |                                 |                       |                                      |                |
|      |          | Business Name         |                       |                        | _                               |                       | EIN:                                 |                |
|      |          | Dusiness Name         |                       |                        |                                 |                       |                                      |                |
|      |          | Normalian Otropat     |                       |                        | _                               |                       | Dates business existed               |                |
|      |          | Number Street         |                       |                        | Name of account                 | ant or bookkeepe      |                                      |                |
|      |          |                       |                       |                        | _                               | <u> </u>              |                                      |                |
|      |          | City                  | State                 | Zip Code               |                                 |                       | FromTo                               |                |
|      |          |                       |                       |                        |                                 |                       |                                      |                |
|      |          |                       |                       |                        |                                 |                       |                                      |                |
|      |          |                       |                       |                        |                                 |                       |                                      | _              |
|      |          |                       |                       |                        | Describe the natu               | ire of the busines    |                                      |                |
|      |          |                       |                       |                        |                                 |                       | include Social Security nu           | umber or IIIN. |
|      |          |                       |                       |                        | _                               |                       | EIN:                                 |                |
|      |          | Business Name         |                       |                        |                                 |                       |                                      |                |
|      |          |                       |                       |                        | _                               |                       | <b>B</b>                             |                |
|      |          | Number Street         |                       |                        | N                               |                       | Dates business existed               |                |
|      |          |                       |                       |                        | Name of account                 | ant or bookkeepe      |                                      |                |
|      |          | City                  | State                 | Zip Code               |                                 |                       | From To                              |                |
|      |          | Oity                  | Oldic                 | Zip Oode               |                                 |                       |                                      |                |
|      |          |                       |                       |                        |                                 |                       |                                      |                |
|      |          |                       |                       |                        |                                 |                       |                                      |                |
|      |          |                       |                       |                        | Describe the natu               | re of the busines     | s Employer Identification n          | umber Do not   |
|      |          |                       |                       |                        |                                 |                       | include Social Security no           |                |
|      |          |                       |                       |                        |                                 |                       |                                      |                |
|      |          | Business Name         |                       |                        | _                               |                       | EIN:                                 |                |
|      |          | Eddinos Name          |                       |                        |                                 |                       |                                      |                |
|      |          | Ni mole en Cinner     |                       |                        | _                               |                       | Dates business existed               |                |
|      |          | Number Street         |                       |                        | Name of account                 | ant or bookkeepe      |                                      |                |
|      |          |                       |                       |                        |                                 |                       |                                      |                |
|      |          | City                  | State                 | Zip Code               |                                 |                       | From To                              |                |
|      |          |                       |                       |                        |                                 |                       |                                      |                |
|      |          |                       |                       |                        |                                 |                       |                                      |                |
|      |          |                       |                       |                        |                                 |                       |                                      |                |

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| Debtor   | 1 Russell   |               | 0                   | Smith                       | Case number (if known)   |
|----------|---|---------------|---------------------|-----------------------------|--|
|          | First Name  | 1             | Middle Name         | Last Name                   |  |
|          | Vithin 2 years before you editors, or other partice.  No Yes. Fill in the details | es.           | ankruptcy, did yo   | u give a financial stateme  | ent to anyone about your business? Include all financial institutions,   |
| _        | -   |               |                     | Date issued                 |  |
|          |   |               |                     |                             |  |
|          | Name  |               |                     | MM/DD/YYYY                  |  |
|          | Number Street   |               |                     | -                           |  |
|          |   |               |                     | _                           |  |
|          | City  | State         | Zip Code            |                             |  |
| Part 12  | Sign Below  |               |                     |                             |  |
| true     | e and correct. I unders<br>nkruptcy case can resu                                 | stand that m  | aking a false state | ement, concealing prope     | ents, and I declare under penalty of perjury that the answers are rty, or obtaining money or property by fraud in connection with a years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.  /s/ Lageria Jones-Smith |
|          | Signature   | e of Debtor 1 |                     |                             | Signature of Debtor 2  |
|          | Date 9/   | 30/2016       |                     |                             | Date 9/30/2016   |
| Did      | you attach additional<br>No<br>Yes  | l pages to Y  | our Statement of I  | Financial Affairs for Indiv | iduals Filing for Bankruptcy (Official Form 107)?  |
| Did      | you pay or agree to p   | ay someone    | who is not an att   | orney to help you fill out  | bankruptcy forms?  |
| <b>✓</b> | No  |               |                     |                             |  |
|          | Yes. Name of person   |               |                     |                             | Attach the Bankruptcy Petition Preparer's Notice,  Declaration, and Signature (Official Form 119)  |

# Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)

#### This notice is for you if:

You are an individual filing for bankruptcy,

and

Your debts are primarily consumer debts.

Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."

#### The types of bankruptcy that are available to individuals

Individuals who meet the qualifications may file under one of four different chapters of the Bankruptcy Code:

- Chapter 7 Liquidation
- Chapter 11 Reorganization
- Chapter 12 Voluntary repayment plan for family farmers or fishermen
- Chapter 13 Voluntary repayment plan for individuals with regular income

You should have an attorney review your decision to file for bankruptcy and the choice of chapter.

#### **Chapter 7: Liquidation**

|   | \$245 | filing fee         |
|---|-------|--------------------|
|   | \$75  | administrative fee |
| + | \$15  | trustee surcharge  |
|   | \$335 | total fee          |

Chapter 7 is for individuals who have financial difficulty preventing them from paying their debts and who are willing to allow their nonexempt property to be used to pay their creditors. The primary purpose of filing under chapter 7 is to have your debts discharged. The bankruptcy discharge relieves you after bankruptcy from having to pay many of your pre-bankruptcy debts. Exceptions exist for particular debts, and liens on property may still be enforced after discharge. For example, a creditor may have the right to foreclose a home mortgage or repossess an automobile.

However, if the court finds that you have committed certain kinds of improper conduct described in the Bankruptcy Code, the court may deny your discharge.

You should know that even if you file chapter 7 and you receive a discharge, some debts are not discharged under the law. Therefore, you may still be responsible to pay:

- most taxes:
- most student loans;
- domestic support and property settlement obligations;

- most fines, penalties, forfeitures, and criminal restitution obligations; and
- certain debts that are not listed in your bankruptcy papers.

You may also be required to pay debts arising from:

- fraud or theft:
- fraud or defalcation while acting in breach of fiduciary capacity;
- intentional injuries that you inflicted; and
- death or personal injury caused by operating a motor vehicle, vessel, or aircraft while intoxicated from alcohol or drugs.

If your debts are primarily consumer debts, the court can dismiss your chapter 7 case if it finds that you have enough income to repay creditors a certain amount. You must file *Chapter 7 Statement of Your Current Monthly Income* (Official Form 122A–1) if you are an individual filing for bankruptcy under chapter 7. This form will determine your current monthly income and compare whether your income is more than the median income that applies in your state.

If your income is not above the median for your state, you will not have to complete the other chapter 7 form, the *Chapter 7 Means Test Calculation* (Official Form 122A–2).

If your income is above the median for your state, you must file a second form — the Chapter 7 Means Test Calculation (Official Form 122A–2). The calculations on the form— sometimes called the Means Test —deduct from your income living expenses and payments on certain debts to determine any amount available to pay unsecured creditors. If

your income is more than the median income for your state of residence and family size, depending on the results of the *Means Test*, the U.S. trustee, bankruptcy administrator, or creditors can file a motion to dismiss your case under § 707(b) of the Bankruptcy Code. If a motion is filed, the court will decide if your case should be dismissed. To avoid dismissal, you may choose to proceed under another chapter of the Bankruptcy Code.

If you are an individual filing for chapter 7 bankruptcy, the trustee may sell your property to pay your debts, subject to your right to exempt the property or a portion of the proceeds from the sale of the property. The property, and the proceeds from property that your bankruptcy trustee sells or liquidates that you are entitled to, is called *exempt property*. Exemptions may enable you to keep your home, a car, clothing, and household items or to receive some of the proceeds if the property is sold.

Exemptions are not automatic. To exempt property, you must list it on *Schedule C: The Property You Claim as Exempt* (Official Form 106C). If you do not list the property, the trustee may sell it and pay all of the proceeds to your creditors.

#### Chapter 11: Reorganization

|   | \$1,167 | filing fee         |
|---|---------|--------------------|
| + | \$550   | administrative fee |
|   | \$1,717 | total fee          |

Chapter 11 is often used for reorganizing a business, but is also available to individuals. The provisions of chapter 11 are too complicated to summarize briefly.

#### **Read These Important Warnings**

Because bankruptcy can have serious long-term financial and legal consequences, including loss of your property, you should hire an attorney and carefully consider all of your options before you file. Only an attorney can give you legal advice about what can happen as a result of filing for bankruptcy and what your options are. If you do file for bankruptcy, an attorney can help you fill out the forms properly and protect you, your family, your home, and your possessions.

Although the law allows you to represent yourself in bankruptcy court, you should understand that many people find it difficult to represent themselves successfully. The rules are technical, and a mistake or inaction may harm you. If you file without an attorney, you are still responsible for knowing and following all of the legal requirements.

You should not file for bankruptcy if you are not eligible to file or if you do not intend to file the necessary documents.

Bankruptcy fraud is a serious crime; you could be fined and imprisoned if you commit fraud in your bankruptcy case. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

#### Chapter 12: Repayment plan for family farmers or fishermen

|   | \$275 | total fee          |
|---|-------|--------------------|
| + | \$75  | administrative fee |
|   | \$200 | filing fee         |

Similar to chapter 13, chapter 12 permits family farmers and fishermen to repay their debts over a period of time using future earnings and to discharge some debts that are not paid.

# Chapter 13: Repayment plan for individuals with regular income

|   | \$235 | filing fee         |
|---|-------|--------------------|
| + | \$75  | administrative fee |
|   | \$310 | total foo          |

Chapter 13 is for individuals who have regular income and would like to pay all or part of their debts in installments over a period of time and to discharge some debts that are not paid. You are eligible for chapter 13 only if your debts are not more than certain dollar amounts set forth in 11 U.S.C. § 109.

Under chapter 13, you must file with the court a plan to repay your creditors all or part of the money that you owe them, usually using your future earnings. If the court approves your plan, the court will allow you to repay your debts, as adjusted by the plan, within 3 years or 5 years, depending on your income and other factors.

After you make all the payments under your plan, many of your debts are discharged. The debts that are not discharged and that you may still be responsible to pay include:

- domestic support obligations,
- most student loans,
- certain taxes.
- debts for fraud or theft,
- debts for fraud or defalcation while acting in a fiduciary capacity,
- most criminal fines and restitution obligations,
- certain debts that are not listed in your bankruptcy papers,
- certain debts for acts that caused death or personal injury, and
- certain long-term secured debts.

#### Warning: File Your Forms on Time

Section 521(a)(1) of the Bankruptcy Code requires that you promptly file detailed information about your creditors, assets, liabilities, income, expenses and general financial condition. The court may dismiss your bankruptcy case if you do not file this information within the deadlines set by the Bankruptcy Code, the Bankruptcy Rules, and the local rules of the court

For more information about the documents and their deadlines, go to:

http://www.uscourts.gov/bkforms/bankruptcy\_forms.html#procedure.

### Bankruptcy crimes have serious consequences

- If you knowingly and fraudulently conceal assets or make a false oath or statement under penalty of perjury—either orally or in writing—in connection with a bankruptcy case, you may be fined, imprisoned, or both.
- All information you supply in connection with a bankruptcy case is subject to examination by the Attorney General acting through the Office of the U.S. Trustee, the Office of the U.S. Attorney, and other offices and employees of the U.S. Department of Justice.

### Make sure the court has your mailing address

The bankruptcy court sends notices to the mailing address you list on *Voluntary Petition for Individuals Filing for Bankruptcy* (Official Form 101). To ensure that you receive information about your case, Bankruptcy Rule 4002 requires that you notify the court of any changes in your address.

A married couple may file a bankruptcy case together - called a *joint case*. If you file a joint case and each spouse lists the same mailing address on the bankruptcy petition, the bankruptcy court generally will mail you and your spouse one copy of each notice, unless you file a statement with the court asking that each spouse receive separate copies.

# Understand which services you could receive from credit counseling agencies

The law generally requires that you receive a credit counseling briefing from an approved credit counseling agency. 11 U.S.C. § 109(h). If you are filing a joint case, both spouses must receive the briefing. With limited exceptions, you must receive it within the 180 days **before** you file your bankruptcy petition. This briefing is usually conducted by telephone or on the Internet.

In addition, after filing a bankruptcy case, you generally must complete a financial management instructional course before you can receive a discharge. If you are filing a joint case, both spouses must complete the course.

You can obtain the list of agencies approved to provide both the briefing and the instructional course from:

http://www.justice.gov/ust/eo/hapcpa/ccde/cc\_approved.html

In Alabama and North Carolina, go to: http://www.uscourts.gov/FederalCourts/Bankruptcy/BankruptcyResources/ApprovedCredit 20AndDebtCounselors.aspx

If you do not have access to a computer, the clerk of the bankruptcy court may be able to help you obtain the list.

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B 203 (12/94)

#### **UNITED STATES BANKRUPTCY COURT**

#### **Northern District of Illinois**

| In re | Russell C Smith; Lageria K Jones-Smith  | C   | ase No.      |                                 |  |  |
|-------|---|---|--------------|---------------------------------|--|--|
| -     | Debtor  |   |              | (If known)                      |  |  |
|       |   | С   | hapter       | Chapter 13                      |  |  |
|       | DISCLOSURE OF COM   | PENSATION OF ATTO                         | RNEY         | FOR DEBTOR                      |  |  |
| 1.    | Pursuant to 11 U.S.C. § 329(a) and Fed. Ba that compensation paid to me within one ye services rendered or to be rendered on beh is as follows:   | ar before the filing of the petition in b | ankruptcy,   | or agreed to be paid to me, for |  |  |
|       | For legal services, I have agreed to accept   |   |              | \$4,000.00                      |  |  |
|       | Prior to the filing of this statement I have re   | ceived                                    |              | \$350.00                        |  |  |
|       | Balance Due   |   |              | \$3,650.00                      |  |  |
| 2.    | The source of the compensation paid to me   | was:                                      |              |                                 |  |  |
|       | Debtor  | Other (specify)                           |              |                                 |  |  |
| 3.    | The source of the compensation paid to me   | is:                                       |              |                                 |  |  |
|       | <b>D</b> ebtor  | Other (specify)                           |              |                                 |  |  |
| 4.    | I have not agreed to share the above-disclosed compensation with any other person unless they are members and associates of my law firm.  |   |              |                                 |  |  |
|       | I have agreed to share the above-disclomembers or associates of my law firm. the people sharing in the compensation.  | A copy of the agreement, together v       |              |                                 |  |  |
| 5.    | In return for the above-disclosed fee, I have agreed to render legal service for all aspects of the bankruptcy case, including:  a. Analysis of the debtor's financial situation, and rendering advice to the debtor in determining whether to file a petition in bankruptcy; |   |              |                                 |  |  |
|       | b. Preparation and filing of any petition   | schedules, statements of affairs an       | d plan whic  | h may be required;              |  |  |
|       | c. Representation of the debtor at the meeting of creditors and confirmation hearing, and any adjourned hearings thereof;   |   |              |                                 |  |  |
|       | d. Representation of the debtor in adversary proceedings and other contested bankruptcy matters;  |   |              |                                 |  |  |
| 6.    | By agreement with the debtor(s), the above  | disclosed fee does not include the fo     | ollowing ser | vices:                          |  |  |
|       |   |   |              |                                 |  |  |
|       |   | CERTIFICATION                             |              |                                 |  |  |
|       | I certify that the foregoing is a complete state the debtor(s) in this bankruptcy proceedings.  | ement of any agreement or arrangen        | nent for pay | ment to me for representation   |  |  |
|       | 9/30/2016   | /s/ Ryan                                  | Crotty       |                                 |  |  |
|       | Date  | Signature o                               | f Attorney   |                                 |  |  |
|       |   | Semrad La                                 | aw Firm      |                                 |  |  |
|       |   | Name of I                                 | law firm     | <del>-</del>                    |  |  |

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#### **UNITED STATES BANKRUPTCY COURT**

**Northern District of Illinois** 

| In re: | Smith, Russell C; Jones-Smith, Lageria K   | Case No         | Case No          |  |  |  |
|--------|--|-----------------|------------------|--|--|--|
|        | Debtor(s)  |                 |                  |  |  |  |
|        |  | Chapter.        | Chapter13        |  |  |  |
|        | VERIFICATION   | OF CREDITOR MA  | TRIX             |  |  |  |
|        | The above named Debtors hereby verify that the attached list of creditors is true and correct to the best of their known |                 |                  |  |  |  |
|        |  |                 |                  |  |  |  |
| Date:  | 9/30/2016  | /s/ Smith, Russ | sell C           |  |  |  |
|        |  |                 | Smith, Russell C |  |  |  |
|        |  | Signature of De | ebtor            |  |  |  |
|        |  | /s/ Jones-Smitl | n, Lageria K     |  |  |  |
|        |  | Jones-Smith, L  | ageria K         |  |  |  |
|        |  | Signature of Jo | int Debtor       |  |  |  |

FREND FIN CO 6340 Security Blvd #200 Gwynn Oak , MD 21207 USA

TIDEWATER MOTOR CREDIT 6520 INDIAN RIVER RD VIRGINIA BEACH , VA 23464 USA

ENHANCED RECOVERY CO L 8014 BAYBERRY RD JACKSONVILLE , FL 32256 USA

CORPORATE AMERICA FCU 2075 BIG TIMBER RD ELGIN , IL 60123 USA

VERIZON WIRELESS PO BOX 4002 Acworth , GA 30101 USA

AD ASTRA RECOVERY SERV 7330 W 33RD ST N STE 118 WICHITA , KS 67205 USA

AFNI PO Box 3517 Bloomington , IL 61702 USA

PEOPLES ENGY 200 EAST RANDOLPH CHICAGO , IL 60601 USA

CORPORATE AMERICA FCU 2075 BIG TIMBER RD ELGIN , IL 60123 USA

FIRST PREMIER BANK PO Box 7999 c/o Stephen Dirksen Saint Cloud , MN 56302 USA

FST PREMIER PO Box 7999 c/o Tria Vue Saint Cloud , MN 56302 USA

NATIONWIDE CREDIT & CO 815 COMMERCE DR STE 270 Case 16-31437 Doc 1 Filed 09/30/16 Entered 09/30/16 19:19:16 Desc Main Document Page 72 of 90

OAK BROOK , IL 60523 USA Rush Medical 1700 W Van Buren Chicago , IL 60612 USA

MEADE & ASSOCIATES 737 ENTERPRISE DR WESTERVILLE, OH 43081 USA

TRIDENT ASSET MANAGEME 53 PERIMETER CTR E STE 4 ATLANTA , GA 30346 USA

ILLINOIS COLLECTION SE 8231 185TH ST STE 100 TINLEY PARK, IL 60487 USA

Gottlieb Memorial Hospital 701 W North Ave Melrose Park , IL 60160 USA

PEOPLES ENGY 200 EAST RANDOLPH CHICAGO , IL 60601 USA

IRS 1 PO Box 7346 Philadelphia , PA 19101 USA

IL Depart of Revenue PO Box 64338 Bankruptcy Section Chicago , IL 60664 USA

City of Chicago Parking 121 N. LaSalle St # 107A Chicago , IL 60602 USA

Arnold Scott Harris PC 111 W Jackson # 600 Chicago , IL 60604 USA

Village of Oak Park P.O. Box 457 Wheeling , IL 60090 USA

City of Northlake 55 E. North Ave Northlake , IL 60164 Case 16-31437 Doc 1 Filed 09/30/16 Entered 09/30/16 19:19:16 Desc Main Document Page 74 of 90

USA

Village of Melrose Park 1 N. Broadway Melrose Park , IL 60160 USA

Illinois Tollway PO Box 5544 Chicago , IL 60680 USA

HUSBY MARVIN L III 852 W ARMITAGE Chicago , IL 60614 USA

Sprint P O Box 629023 El Dorado Hills , CA 95762 USA

Illinois Lenders 2109 S Wabash Ave, Chicago , IL 60616 USA

Comcast 11621 E. Marginal Way # 5 Bankruptcy Dept Seattle , WA 98168 USA

AT&T PO Box 105262 Atlanta , GA 30348 USA

JPMORGAN CHASE BANK 2000 MARCUS AVENUE NEW HYDE PARK , NY 11042 USA

BANK OF AMERICA 400 National Way C/O Anthony Maselli Simi Valley , CA 93065 USA

Citibank PO Box 6500 Sioux Falls , SD 57117 USA

WELLS FARGO PO Box 19657 Irvine , CA 92623 USA

Fingerhut 6250 Ridgewood Road St. Cloud, MN 56303 Case 16-31437 Doc 1 Filed 09/30/16 Entered 09/30/16 19:19:16 Desc Main Document Page 76 of 90

USA

JD Byrider 6539 Ogden Ave Berwyn , IL 60402 USA

UIC Hospital 1740 West Taylor Street Chicago , IL 60612 USA

Stroger Hospital of Cook County 1900 W Polk Street Chicago , IL 60612 USA

ComEd 3 Lincoln Center Bankruptcy Section Oakbrook Terrace , IL 60181 USA

Clark Brands LLC 4200 Commerce Ct Ste 350 Lisle , IL 60532 USA

Von Maur 6565 Brady Street Davenport , IA 52806 USA

Enterprise Rent-A-Car 816 E Roosevelt Rd Lombard , IL 60148 USA

Hertz Rent A Car Dept 1190 PO BOX 121190 Dallas , TX 75312 USA

Jewel Osco 2501 W Grandview Rd Phoenix , AZ 85023 USA

CB/MEIJER 2929 Walker Ave NW Grand Rapids , MI 49544 USA

Meijer PO BOX 960015 Orlando , FL 32896 USA

Kmart Stores of IL 3333 Beverly Rd Hoffman Estates , IL 60179 Case 16-31437 Doc 1 Filed 09/30/16 Entered 09/30/16 19:19:16 Desc Main Document Page 78 of 90

USA

Wal-Mart 1424 W. 47th St. Chicago , IL 60609 USA

Ultra Foods 3250 W. 87th Street Chicago , IL 60652 USA

IDES P O Box 4385 Benefit Payment Control Division Chicago , IL 60680 USA

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| Debtor 1 Russell First Name   | c  | Smith                         | Case number (if know  | m)   |
|---|--|-------------------------------|---|--|
|   | Middle Name<br>Questions for Reporting   | Last Name Purposes            |   | ***************************************  |
| 16. What kind of debts do you have?   | 160 Are your debt  |                               |   |  |
| 17. Are you filing under Chapter 7? Do you estimate that after any exempt property is excluded and administrative expenses are paid that funds will be available for distribution to unsecured creditors? | paid that funds will No. Lil Yes.  |                               | after any exempt property is<br>nsecured creditors?                                   | excluded and administrative expenses are   |
| 18. How many creditors do you estimate that you owe?  | ✓ 1-49<br>☐ 50-99<br>☐ 100-199<br>☐ 200-999  | 1,000-5<br>5,001-1<br>10,001- | 0,000   | 25,001-50,000<br>50,001-100,000<br>More than 100,000   |
| 19. How much do you estimate your assets to be worth?   | ✓ \$0-\$50,000<br>☐ \$50,001-\$100,000<br>☐ \$100,001-\$500,000<br>☐ \$500,001-\$1 million   | \$10,000<br>\$50,000          | 001-\$10 million<br>0,001-\$50 million<br>0,001-\$100 million<br>00,001-\$500 million | \$500,000,001-\$1 billion \$1,000,000,001-\$10 billion \$10,000,000,001-\$50 billion More than \$50 billion          |
| 20. How much do you estimate your liabilities to be?  | □ \$0-\$50,000 □ \$50,001-\$100,000 □ \$100,001-\$500,000 □ \$500,001-\$1 million  | \$10,000<br>\$50,000          | 001-\$10 million<br>1,001-\$50 million<br>1,001-\$100 million<br>10,001-\$500 million | \$500,000,001-\$1 billion<br>\$1,000,000,001-\$10 billion<br>\$10,000,000,001-\$50 billion<br>More than \$50 billion |
| Part74 Sign Below   |  |                               |   |  |
| For you   | I have examined this petition, and I declare under penalty of perjury that the information provided is true and correct.  If I have chosen to file under Chapter 7, I am aware that I may proceed, if eligible, under Chapter 7, 11,12, or 13 of title 11, United States Code. I understand the relief available under each chapter, and I choose to proceed under Chapter 7.  If no attorney represents me and I did not pay or agree to pay someone who is not an attorney to help me fill out this document, I have obtained and read the notice required by 11 U.S.C. § 342(b).  I request relief in accordance with the chapter of title 11, United States Code, specified in this petition. I understand making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.  Is/Russell Smith  Signature of Debtor 1  Signature of Debtor 2 |                               |   |  |
|   | <del></del>  | /2016<br>M / DD / YYYY        | Executed o  | n <u>9/30/2016</u><br>MM / DD / YYYY   |

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| Debtor 1               | rmation to identify your case: Russell | c                                       | Smith  |  |
|------------------------|--|---|--|--|
|                        | First Name                             | Middle Name                             | Last Name  |  |
| Debtor 2               | Lageria                                | K                                       | Jones-Smith  |  |
| (Spouse, ii iiii       | <sup>ng)</sup> First Name              | Middle Name                             | Last Name  |  |
| United States          | Bankruptcy Court for the:              | Vorthern                                | District of Illinois   |  |
| Case number (If known) |  | *************************************** | (State)  |  |
| Official               | Form 106Dec                            |   | PARTY PARTY IN CONTRACTOR OF THE PARTY PAR | Check if this is an amended filing                         |
| Declara                | ition About an                         | Individual De                           | btor's Schedule  | S 12/15  |
| If two married         | people are filing together,            | both are equally respons                | ible for supplying correct infor   | mation.  |
| Pantin Sig             | n Below                                | i with a bankruptcy case                | can result in fines up to \$250,0  | 20, or imprisonment for up to 20 years, or both. 18 U.S.C. |
| ا Did you              | pay or agree to pay someor             | e who is NOT an attorne                 | y to help you fill out bankruptcy  | forms?   |
| Did you i              | pay or agree to pay someor             | ie who is NOT an attorne                | y to help you fill out bankruptcy  | forms?   |
| V No                   | pay or agree to pay someor             | ne who is NOT an attorne                |  | Preparer's Notice, Declaration, and                        |

MM/DD/YYYY

1.



MM/DD/YYYY

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| Debtor                           | the same of the sa | С  | Smith                          | Case number (# known)  |  |  |  |
|----------------------------------|--|--|--------------------------------|--|--|--|--|
|                                  | First Name   | Middle Name  | Last Name                      |  |  |  |  |
| 28. W                            | ithin 2 years before you<br>editors, or other parties<br>I No  | filed for bankruptcy, did y  | ou give a financial stateme    | ent to anyone about your business? Include all financial institutions,   |  |  |  |
| \$-0.000<br>\$-0.000<br>\$-0.000 | Yes. Fill in the details b   | elow.  |                                |  |  |  |  |
|                                  |  |  | Date issued                    |  |  |  |  |
|                                  | Name   |  | MM/DD/YYYY                     | •  |  |  |  |
|                                  | Number Street  | The second secon | <del></del>                    |  |  |  |  |
|                                  | City 5   | State Zip Code   | NOTER                          |  |  |  |  |
| Part 12:                         | Sign Below   |  |                                |  |  |  |  |
| u ue                             | and correct, i understa  | nd that making a false sta   | itement, concealing proper     | ents, and I declare under penalty of perjury that the answers are ty, or obtaining money or property by fraud in connection with a years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571. |  |  |  |
|                                  | /s/ Russ<br>Signature o  | sell Smith / WAKE<br>f Debtor 1  | <u>U A</u> mbh                 | * /s/ Lageria Jones-Smith Application Signature of Debtor 2  |  |  |  |
|                                  | Date 9/30.   | 2016   |                                | Date 9/30/2016   |  |  |  |
| Did                              | you attach additional pages to Your Statement of Financial Affairs for Individuals Filing for Bankruptcy (Official Form 107)?  |  |                                |  |  |  |  |
| Z                                | No   |  |                                |  |  |  |  |
|                                  | Yes  |  |                                |  |  |  |  |
| Didy                             | ou pay or agree to pay   | someone who is not an a  | ttorney to help you fill out b | rankruptcy forms?  |  |  |  |
| 7                                | No   |  |                                |  |  |  |  |
|                                  | Yes. Name of person  |  |                                | Attach the Bankruptcy Petition Preparer's Notice, Declaration, and Signature (Official Form 119).  |  |  |  |
|                                  |  |  |                                | Position, and Olynamic (Ollott Form 119).  |  |  |  |

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# UNITED STATES BANKRUPTCY COURT

Northern District of Illinois

| In re: | Smith, Russell C ; Jones-Smith, Lageria K          | Case No   |   |  |  |  |
|--------|--|---|---|--|--|--|
|        | Debtor(s)  | Case No.  |   |  |  |  |
|        |  | Chapter.  | Chapter13                                     |  |  |  |
|        | VERIFICATION OF CREDITOR MATRIX                    |   |   |  |  |  |
|        | The above named Debtors hereby verify that the att | tached list of creditors is tru   | ue and correct to the best of their knowledge |  |  |  |
| Date:  | 9/30/2016  | /s/ Smith, Russell<br>Signature of Do<br>/s/ Jones-Smitl<br>Jones-Smith, L<br>Signature of Jo | n, Lageria K Ligrii Winny Smith               |  |  |  |

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| Deb  | tor 1      | Russell<br>First Name  | C Nidda Name  | Smith   | Case number (if known)   |             |
|------|------------|--|---|---|--|-------------|
| 16,  | Cal        |  | Middle Name   | Last Name   |  |             |
| 10.  |            | culate the median family incon   |   |   | 5:   |             |
|      |            | Fill in the state in which you live  |   | Illinois  | _  |             |
|      |            | Fill in the number of people in y  |   | 2   |  |             |
|      | 16c.       | Fill in the median family income<br>To find a list of applicable media<br>may also be available at the bar | an income amounts, go o                                 | household<br>nline using the lin                  | sk specified in the separate instructions for this form. This list   | \$63,896.00 |
| 17.  | Hov        | v do the lines compare?  |   |   |  |             |
|      | 17a.       | Line 15b is less than or equal 11 U.S.C. § 1325(b)(3). Go  | ual to line 16c. On the top<br>to Part 3. Do NOT fill o | of page 1 of this f<br>ut <i>Calculation of I</i> | orm, check box 1, <i>Disposable income is not determined under Disposable Income</i> (Official Form 122C-2).         |             |
|      | 17b.       | Line 15b is more than line 1<br>1325(b)(3). Go to Part 3 a<br>your current monthly income                  | and fill out Calculation of                             | of this form, check<br>of Disposable In           | box 2, Disposable income is determined under 11 U.S.C. § acome (Official Form 122C-2). On line 39 of that form, copy |             |
| Part | 3: (       | Calculate Your Commitm   | ent Period Under 1                                      | 1 U.S.C. §13                                      | 25(b)(4)   | •           |
| 18.  |            | y your total average monthly i   |   |   |  | \$4,964.82  |
| 19.  | Ded<br>com | uct the marital adjustment if i<br>mitment period under 11 U.S.C.§   | t applies. If you are marr<br>1325(b)(4) allows you to  | ied, your spouse i<br>deduct part of you          | is not filing with you, and you contend that calculating the<br>ir spouse's income, copy the amount from line 13.    |             |
|      | 19a,       | If the marital adjustment does no  | ot apply, fill in 0 on line 19a                         | 3.  |  | -\$0.00     |
|      | 19b.       | Subtract line 19a from line 18   | 3,  |   |  | \$4,964.82  |
| 20.  | Calc       | culate your current monthly inc  | come for the year. Follow                               | v these steps:                                    |  |             |
|      | 20a.       | Copy line 19b.   |   |   |  | \$4,964.82  |
|      |            | Multiply by 12 (the number of mo   | onths in a year).                                       |   |  | x 12        |
|      | 20b.       | The result is your current month   | ly income for the year for                              | this part of the for                              | m.   | \$59,577.84 |
|      | 20c.       | Copy the median family income  | for your state and size of h                            | nousehold from lin                                | e 16c.   | \$63,896.00 |
| 21.  | How        | do the lines compare?  |   |   |  |             |
|      | <b>Y</b>   | Line 20b is less than line 20c. Unl<br>period is 3 years. Go to Part 4.                                    | ess otherwise ordered by                                | the court, on the                                 | top of page 1 of this form, check box 3, The commitment  |             |
|      |            | Line 20b is more than or equal to commitment period is 5 years. Go   | line 20c. Unless otherwise<br>to Part 4.                | ordered by the c                                  | court, on the top of page 1 of this form, check box 4. The   |             |
| Part | ) S        | ign Below  |   |   |  |             |
|      |            | By signing here. I declare under n   | senalty of perium that the i                            | nformation on this                                | s statement and in any attachments is true and correct.  |             |
|      |            | N  | 1   | . 11  | statement and its any attachments is free and correct.   |             |
|      |            | Signature of Debtor 1  | uspell fin  | eth s   | Signature of Debtor 2  |             |
|      |            | Date <u>9/30/2016</u><br>MM/DD/YYYY  |   |   | Date 9/30/2016   |             |
|      |            | WHEN COUNTILLS   |   |   | MM/DD/YYYY   |             |

If you checked 17a, do NOT fill out or file Form 122C-2.

If you checked 17b, fill out Form 122C-2 and file it with this form. On line 39 of that form, copy your current monthly income from line 14 above.

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# **UNITED STATES BANKRUPTCY COURT**

|       | Northern District  | t of Illinois   |   |
|-------|--|---|---|
| n re  | Russell C Smith; Lageria K Jones-Smith   | Case No.  |   |
|       | Debtor   |   | (If known)  |
|       |  | Chapter   | Chapter 13  |
|       | DISCLOSURE OF COMPENSATION   | OF ATTORNEY FO  | OR DEBTOR   |
| 1.    | Pursuant to 11 U.S.C. § 329(a) and Fed. Bankr. P. 2016(b), I ce<br>that compensation paid to me within one year before the filing o<br>services rendered or to be rendered on behalf of the debtor(s) in<br>is as follows: | ertify that I am the attorney for t                                 | he abovenamed debtor(s) and   |
|       | For legal services, I have agreed to accept  |   | \$4,000.0   |
|       | Prior to the filing of this statement I have received  |   | \$350.0   |
|       | Balance Due  |   | \$3,650.0   |
| 2.    | . The source of the compensation paid to me was:   |   | \$5,000.0   |
|       | Debtor Other (specify)   |   |   |
| 3.    | The source of the compensation paid to me is:  |   |   |
|       | Debtor Other (specify)   |   |   |
| 4.    | I have not agreed to share the above-disclosed compensation members and associates of my law firm.   | on with any other person unless                                     | s they are  |
|       | I have agreed to share the above-disclosed compensation will members or associates of my law firm. A copy of the agree the people sharing in the compensation, is attached.  | ith a other nerson or nersons wi                                    | ho are not  |
| 5.    | In return for the above-disclosed fee, I have agreed to render le<br>a. Analysis of the debtor's financial situation, and rendering<br>bankruptcy;   | gal service for all aspects of the advice to the debtor in determin | e bankruptcy case, including:<br>ning whether to file a petition in |
|       | b. Preparation and filing of any petition, schedules, stateme  | ents of affairs and plan which m                                    | ay be required;   |
|       | c. Representation of the debtor at the meeting of creditors a  | nd confirmation hearing, and ar                                     | ny adjourned hearings thereof;                                      |
|       | d. Representation of the debtor in adversary proceedings ar  | nd other contested bankruptcy r                                     | matters:  |
| 6.    | By agreement with the debtor(s), the above-disclosed fee does n  |   |   |
|       |  |   |   |
|       | CERTIFICATI  | ON  | ·   |
| of th | certify that the foregoing is a complete statement of any agreeme debtor(s) in this bankruptcy proceedings.  | ent or arrangement for paymen                                       | t to me for representation  |
|       | 9/30/2016  | /s/ Ryan Crotty   |   |
|       | Date   | Signature of Attorney   | 49-14-1-11-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1                            |
|       |  | Semrad Law Firm   |   |
|       |  | Name of law firm  | S   |
|       |  |   | 1   |

## UNITED STATES BANKRUPTCY COURT NORTHERN DISTRICT OF ILLINOIS

# RIGHTS AND RESPONSIBILITIES AGREEMENT BETWEEN CHAPTER 13 DEBTORS AND THEIR ATTORNEYS

(Court-Approved Retention Agreement, Use for cases filed on or after September 19, 2016)

Chapter 13 gives debtors important rights, such as the right to keep property that could otherwise be lost through repossession or foreclosure, but Chapter 13 also puts burdens on debtors, such as the burden of making complete and truthful disclosures of their financial situation. It is important for debtors who file a Chapter 13 bankruptcy case to understand their rights and responsibilities in bankruptcy. In this connection, the advice of an attorney is often crucial. Debtors are entitled to certain services from their attorneys, but debtors also have responsibilities to their attorneys. In order to assure that debtors and their attorneys understand their rights and responsibilities in the Chapter 13 process, the judges of the Bankruptcy Court for the Northern District of Illinois have approved this agreement, setting out the rights and responsibilities of both debtors in Chapter 13 and their attorneys, including how their attorneys will be paid for their services in the Chapter 13 case. By signing this agreement, debtors and their attorneys accept these responsibilities.

The Bankruptcy Code may require a debtor's attorney to provide the debtor with certain documents and agreements at the start of the representation. The terms of this court-approved agreement take the place of any conflicting provision in an earlier agreement. This agreement cannot be modified in any way by other agreements. Any provision of another agreement between the debtors and the attorney that conflicts with this agreement is void.

## A. BEFORE THE CASE IS FILED

### THE DEBTOR AGREES TO:

- 1. Discuss with the attorney the debtor's objectives in filing the case.
- 2. Provide the attorney with full, accurate and timely information, financial and otherwise, including properly documented proof of income.

### THE ATTORNEY AGREES TO:

- 1. Personally counsel the debtor regarding the advisability of filing either a Chapter 13 or a Chapter 7 case, discuss both procedures (as well as non-bankruptcy options) with the debtor, and answer the debtor's questions.
- 2. Personally explain to the debtor that the attorney is being engaged to represent the debtor on all matters arising in the case, as required by Local Bankruptcy Rule and explain how and when the attorney's fees and the trustee's fees are determined and paid.
- 3. Personally review with the debtor and sign the completed petition, plan, statements, and schedules, as well as all amendments thereto, whether filed with the petition or later. (The schedules may be initially prepared with the help of clerical or paralegal staff of the attorney's office, but personal attention of the attorney is required for the review and signing.)
- 4. Timely prepare and file the debtor's petition, plan, statements, and schedules.
- 5. Explain to the debtor how, when, and where to make all necessary payments, including both payments that must be made directly to creditors and payments that must be made to the Chapter 13 trustee, with particular attention to housing and vehicle payments.

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6. Advise the debtor of the need to maintain appropriate insurance.

## B. AFTER THE CASE IS FILED

### THE DEBTOR AGREES TO:

- 1. Make the required payments to the trustee and to whatever creditors are being paid directly, or, if required payments cannot be made, to notify the attorney immediately.
- 2. Appear punctually at the meeting of creditors (also called the "341 meeting") with recent proof of income and a picture identification card. (If the identification card does not include the debtor's social security number, the debtor must also bring to the meeting a social security card.) The debtor must be present in time for check-in and, when the case is called, for the actual examination.
- 3. Notify the attorney of any change in the debtor's address or telephone number.
- 4. Inform the attorney of any wage garnishments or liens or levies on assets that occur or continue after the filing of the case.
- 5. Contact the attorney immediately if the debtor loses employment, has a significant change in income, or experiences any other significant change in financial situation (such as serious illness, marriage, divorce or separation, lottery winnings, or an inheritance).
- 6. Notify the attorney if the debtor is sued or wishes to file a lawsuit (including divorce.)
- 7. Inform the attorney if any tax refunds to which the debtor is entitled are seized or not received when due from the IRS or Illinois Department of Revenue.
- 8. Contact the attorney before buying, refinancing, or selling real property, and before entering into any loan agreement.
- 9. Supply the attorney with copies of all tax returns filed while the case is pending.

## THE ATTORNEY AGREES TO:

- 1. Advise the debtor of the requirement to attend the meeting of creditors, and notify the debtor of the date, time, and place of the meeting.
- 2. Inform the debtor that the debtor must be punctual and, in the case of a joint filing, that both spouses must appear at the same meeting.
- 3. Provide knowledgeable legal representation for the debtor at the meeting of creditors (in time for check-in and the actual examination) and, unless excused by the trustee, for the confirmation hearing.



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- 4. If the attorney will be employing another attorney to attend the 341 meeting or any court hearing, personally explain to the debtor in advance, the role and identity of the other attorney and provide the other attorney with the file in sufficient time to review it and properly represent the debtor.
- 5. Timely submit to the Chapter 13 trustee properly documented proof of income for the debtor, including business reports for self-employed debtors.
- 6. Timely respond to objections to plan confirmation and, where necessary, prepare, file, and serve an amended plan.
- 7. Timely prepare, file, and serve any necessary statements, amended statements, and schedules and any change of address, in accordance with information provided by the debtor.
- 8. Monitor all incoming case information (including, but not limited to, Order Confirming Plan, Notice of Intent to Pay Claims, and 6-month status reports) for accuracy and completeness. Contact the trustee promptly regarding any discrepancies.
- 9. Be available to respond to the debtor's questions throughout the term of the plan.
- 10. Prepare, file, and serve timely modifications to the plan after confirmation, when necessary, including modifications to suspend, lower, or increase plan payments.
- 11. Prepare, file, and serve necessary motions to buy or sell property and to incur debt.
- 12. Object to improper or invalid claims.
- 13. Timely respond to the Chapter 13 trustee's motions to dismiss the case, such as for payment default, or unfeasibility, and to motions to increase the percentage payment to unsecured creditors.
- 14. Timely respond to motions for relief from stay.
- 15. Prepare, file, and serve all appropriate motions to avoid liens.
- 16. Prepare, file, and serve a notice of conversion to Chapter 7, pursuant to § 1307(a) of the Bankruptcy Code and Local Bankruptcy Rule 1017-1.
- 17. Provide any other legal services necessary for the administration of the case.

### *C*. TERMINATION OR CONVERSION OF THE CASE AFTER ENTRY OF AN ORDER APPROVING FEES AND EXPENSES

- 1. Approved fees and expenses paid under the provisions set out below are generally not refundable in the event that the case is dismissed prior to its completion, unless the dismissal is due to a failure by the attorney to comply with the duties set out in this agreement. If such a dismissal is due to a failure by the attorney, the court may order a refund of fees on motion by the debtor.
- 2. If the case is dismissed after approval of the fees and expenses but before payment of all allowed fees and expenses, the order entered by the Bankruptcy Court allowing the fees and expenses is not a judgment against the debtor for the unpaid fees and expenses based on contract law or otherwise.
- 3.If the case is converted to a case under Chapter 7 after approval of the fees and expenses under this agreement but before the payment of all fees and expenses, the attorney will be entitled to an administrative claim in the Chapter 7 case for any unpaid fees and expenses, pursuant to § 726(b) of the Bankruptcy Code, plus any conversion fee the attorney pays on behalf of the debtor.



#### D. RETAINERS AND PREVIOUS PAYMENTS

- 1. The attorney may receive a retainer or other payment before filing the case but may not receive fees directly from the debtor after the filing of the case. Unless the following provision is checked and completed, any retainer received by the attorney will be treated as a security retainer, to be placed in the attorney's client trust account until approval of a fee application by the court.
- The attorney seeks to have the retainer received by the attorney treated as an advance payment retainer, which allows **✓** the attorney to take the retainer into income immediately. The attorney hereby provides the following further information and representations:
- (a) The special purpose for the advance payment retainer and why it is advantageous to the debtor is as follows: Client understands that any funds that client is rendering to The Semrad Law Firm, LLC as part of the advance payment retainer shall immediately become the property of The Semrad Law Firm, LLC in exchange for a commitment by The Semrad Law Firm, LLC to provide the legal services described above. Said funds will be deposited into the main bank account owned by The Semrad Law Firm, LLC and will be used for general expense of the firm. Client further understands that it is ordinarily the client's option to deposit funds with an attorney that shall remain client's property as security for future services. However, The Semrad Law Firm, LLC does not represent clients under such a security retainer because the preparation of a bankruptcy cases requires many disparate tasks and functions for the attorney and support staff; some of which require legal expertise while other may be only ministerial in nature. Client further understands that the benefit that client is receiving under the fee arrangement is the commitment of The Semrad Law Firm, LLC to perform any and all work reasonably necessary to represent client's interest absent any extraordinary circumstance.
- (b) The retainer will not be held in a client trust account and will become property of the attorney upon payment and will be deposited into the attorney's general account;
- The retainer is a flat fee for the services to be rendered during the chapter 13 case and will be applied for such (c) services without the need for the attorney to keep detailed hourly time records for the specific services performed for the debtor:
- Any portion of the retainer that is not earned or required for expenses will be refunded to the client; and (d)
- The attorney is unwilling to represent the debtor without receiving an advanced payment retainer because of the nature (e) of the chapter 13 case, the fact that the great majority of services for such case are performed prior to its filling, and the risks associated with the representation of debtors in bankruptcy cases in general.
- 2. In any application for compensation, the attorney must disclose to the court any fees or other compensation paid by the debtor to the attorney for any reason within the one year before the case filing, including the date(s) any such fees were paid.

#### E. CONDUCT AND DISCHARGE

- 1. Improper conduct by the attorney. If the debtor disputes the sufficiency or quality of the legal services provided or the amount of the fees charged by the attorney, the debtor may file an objection with the court and request a hearing.
- 2. Improper conduct by the debtor. If the attorney believes that the debtor is not complying with the debtor's responsibilities under this agreement or is otherwise engaging in improper conduct, the attorney may apply for a court order allowing the attorney to withdraw from the case.
- 3. Discharge of the attorney. The debtor may discharge the attorney at any time.

### $\boldsymbol{E}$ ALLOWANCE AND PAYMENT OF ATTORNEYS' FEES AND EXPENSES

- 1. Any attorney retained to represent a debtor in a Chapter 13 case is responsible for representing the debtor on all matters arising in the case unless otherwise ordered by the court. For all of the services outlined above, the attorney will be paid a flat fee of \$4,000.00 For all of the services outlined above, the attorney will be paid a flat fee of \$4,000,00 ficts Kis
- 2. In addition, the debtor will pay the filing fee in the case and other expenses of \$407.00

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- 3. Before signing this agreement, the attorney has received, \$350.00 toward the flat fee, leaving a balance due of \$3,650.00; and \$97.00 for expenses, leaving a balance due of \$4,057.00
- 4. In extraordinary circumstances, such as extended evidentiary hearings or appeals, the attorney may apply to the court for additional compensation for these services. Any such application must be accompanied by an itemization of the services rendered, showing the date, the time expended, and the identity of the attorney performing the services. The debtor must be served with a copy of the application and notified of the right to appear in court to object.

Date: 9/30/2016

Signed:

/s/ Russell Smith

/s/ Lageria Jones-Smith

Debtor(s)

Isl Ryan Crott

Attorney for Debtor(s)

Do not sign if the fee amounts at top of this page are blank.